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# LEICESTERSHIRE JOINT STRATEGIC NEEDS ASSESSMENT 2018-2021

## CHILDREN AND YOUNG PEOPLE'S PHYSICAL HEALTH (Children aged 5 to 19)

APRIL 2020

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## FOREWORD

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The purpose of the Joint Strategic Needs Assessment (JSNA) is:

- To improve the health and wellbeing of the local community and reduce inequalities for all ages.
- To determine what actions the Local Authority, the local National Health Service (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.
- To provide a source of relevant reference to the Local Authority, Clinical Commissioning Groups (CCGs) and NHS England for the commissioning of any future services.

The Local Authority and CCGs have 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. The JSNA offers an opportunity for the Local Authority, CCGs and NHS England's plans for commissioning services to be informed by up to date information on the population that use their services. Where commissioning plans are not in line with the JSNA, the Local Authority, CCGs and NHS England must be able to explain why.

The Health and Wellbeing Board has agreed that the JSNA will be published in subject-specific chapters throughout a three-year time period. Chapters will be developed in line with CCG and local authority commissioning cycles. As many of the relationships required for the JSNA in Leicestershire are wide ranging, involving representation from NHS England, CCGs, Leicestershire Partnership Trust, University Hospitals of Leicester, District Councils and the voluntary sector, a Reference Group has been established. This Reference Group supports the JSNA work across the Health and Wellbeing Board. To examine the detail of the chapters, Task and Finish groups have been established to bring together local professionals, where they can share their expert knowledge on the work area being examined.

The outputs of the JSNA will include:

1. Subject-specific chapters of an assessment of current and future health and social care needs
2. An online infographic summary of each chapter available on the internet
3. An online data dashboard that is updated on a quarterly basis to allow users to self-

serve high level data requests

This JSNA chapter has reviewed the population health needs of the people of Leicestershire aged 5-19 years. This has involved looking at the determinants of poor health in this population, the health needs of the population in Leicestershire, the policy and guidance supporting children aged 5-19 years, existing services and the breadth of services that are currently provided. The unmet needs and recommendations that have arisen from this Needs Assessment are discussed.

In addition to this JSNA chapter there are other recent JSNA chapters that are also relevant to this age group including: Obesity, Healthy Weight and Nutrition and Physical Activity, Oral Health, Mental Health and Air Quality.

Please note, the majority of indicators presented in this Needs Assessment are from national sources so are subject to a time lag due to the time required for data collection, data analysis and publication. Where possible, comparisons have been made to national averages and local context has been included. The term significance is used throughout the report and refers to statistical significance. This examines if the result presented is different to the national result, due to something other than chance. Most often, this is calculated using 95% confidence intervals. Due to the statistical tests applied when considering statistical significance, it is possible to observe seemingly large differences in numbers (say between Leicestershire and the England average) without this being considered statistically significant. Conversely, it is also possible to observe seemingly small differences between numbers in two areas and this difference achieve statistical significance.

## EXECUTIVE SUMMARY

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The foundations of a healthy and fulfilled life are laid down in childhood and adolescence. This chapter focuses on the physical health of school aged children and young people aged between 5-19 years and follows on from the 'Best Start in Life' chapter.

The recommendations made in this chapter are in line with 'What good Children and Young People's Public Health looks like'. They aim to facilitate the collective response of local organisations/services within Leicestershire and wider society (the system) towards improvements in children and young people's health outcomes.

Leicestershire is generally more affluent than the England average and performs well for many public health indicators related to children and young people aged 5 to 19 years. However, there are still significant numbers of children living in poverty, at risk of homelessness and exposed to the impacts of domestic violence. Many of these factors affecting the school aged children and young people are also linked to deprivation. More deprived groups are more likely to engage in multiple unhealthy behaviours, have poorer health and are more likely to need hospital intervention, consequently improving the health of children in the school aged years will also contribute to reducing health inequalities.

This chapter provides several recommendations to improve the health of children aged 5 to 19 years in Leicestershire with specific recommendations focusing on:

- Taking a 'health in all policies' approach to tackle the wider and social determinants of health and health inequalities
- Tackling Adverse Childhood Experiences (ACEs) through adopting a Trauma aware Systems Change (TASC) Model as agreed by Leicestershire Children & Family Partnership Board)
- Adopting a multi-agency approach to prioritise violence reduction
- Use of an asset-based approach to mobilise the skills of children, young people, families and community resources to create positive activities for children and young people to be involved in outside of school.
- Schools should be supported to deliver high quality relationships, sex and health education (within a broader framework of Personal Social Health Education (PSHE)) once it becomes a statutory subject from September 2020. Secondary Schools should be encouraged to participate in the year 7, 9 & 11 health & wellbeing surveys to help to identify the health needs of their school population.

- National health campaigns (including social marketing campaigns) aimed at this age group and their families should be supported at a local level
- Food poverty (including holiday hunger) needs to be addressed through increasing the uptake of school meals and through the further development of the Leicestershire Food Plan

During the writing of this chapter, the coronavirus pandemic has disrupted the life of every child in the country, including children, young people and families in Leicestershire. It is an unprecedented public health emergency, which also challenges our society and our economy. It will be important within the coming weeks, months and even years that we carefully monitor the impact of Covid19 on the health and wellbeing of children, young people and families and look to:

- Identify support mechanisms for children and families facing financial insecurity because of the crisis- to prevent child poverty reaching a record high.
- Work in partnership to keep Children & Young People safe, whether they continue to attend school or are staying at home, particularly those at risk of abuse or neglect and those with special educational needs.
- Support the Mental Health & Wellbeing of children (and families) throughout this crisis and consider using The Children's Society's 'Good Childhood Index' (multi item measure of satisfaction with the 10 domains including: Home, Family, Friends, School, Money, Choice, Health, Future, Appearance, Time Use) as a means of identifying the significant challenges that children and young people may have to overcome.
- To support the maintenance and improvement of children's level of wellbeing, promote the use of the 'five ways to wellbeing' which are: Connect, Keep Learning, Take Notice, Be active and Be Creative.
- Healthy movement behaviours among children should be promoted during the Covid19 pandemic which will help to maintain physical and mental health.
- Consider the impact of Covid19 on the social determinants of health and work in partnership to address and mitigate against potential negative impact.

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## 1. Introduction

There are many factors that influence the health and care needs of children from their infancy until they become adults. This is a vital time for development of children whether that be physically, emotionally or socially, and many of the factors influencing children's health at this time can have an impact on their later life.

## 2. Who is at risk?

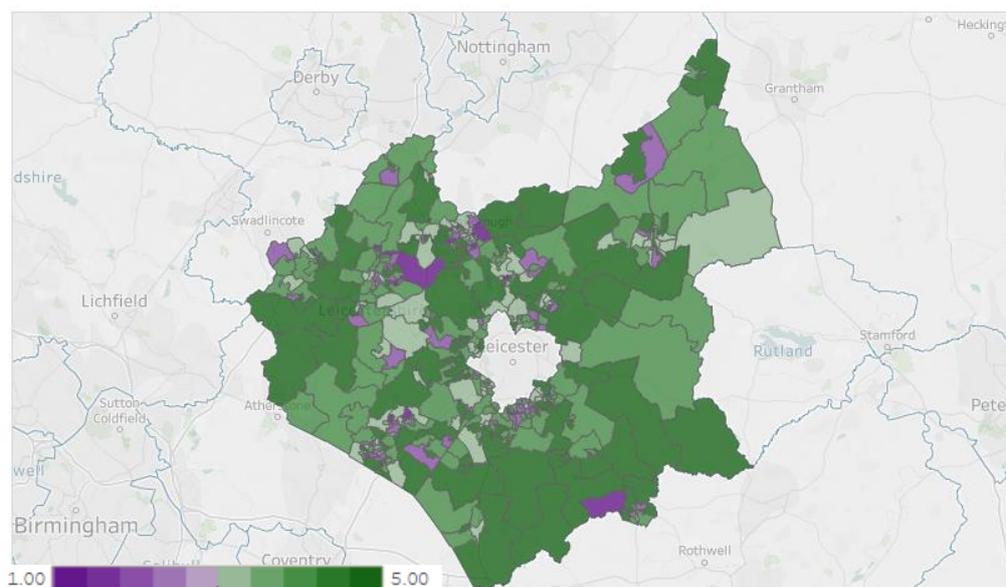
### 2.1. Households and families

#### 2.1.1. Poverty and deprivation

The Marmot Review (2010)<sup>1</sup> suggests there is evidence that childhood poverty leads to premature mortality and poor health outcomes for adults. Reducing the numbers of children who experience poverty should improve these adult health outcomes and increase healthy life expectancy.

The Income Deprivation Affecting Children Index (IDACI) measures the proportion of all children aged 0 to 15 living in income deprived families. Figure 1 shows there are 16 Lower Super Output Areas (LSOAs) within Leicestershire that fall into quintile 1 (most deprived 20% nationally) within the IDACI domain.<sup>2</sup> According to the Mid 2018 population estimates, this equates to a total of 5,322 (4.2%) children in Leicestershire aged 0-15 living in these LSOAs in quintile 1.<sup>3</sup>

**Figure 1: Map of Income Deprivation Affecting Children 0-15 years (IDACI, 2019) in Leicestershire**



Quintile 1 most deprived nationally to Quintile 5 least deprived nationally

Source: English Indices of Deprivation, 2019.

For further information on deprivation that exists throughout Leicestershire, please visit the Demographics JSNA chapter, available here <http://www.lsr-online.org/leicestershire-2018-2021-jsna.html>

### **2.1.2. Housing**

Poor quality of housing is associated with poverty and is a social determinant of health. It is also associated with adverse health, education and social outcomes, particularly for children. To understand more about the housing situation in Leicestershire, please visit the Housing JSNA chapter, available here: <http://www.lsr-online.org/leicestershire-2018-2021-jsna.html>

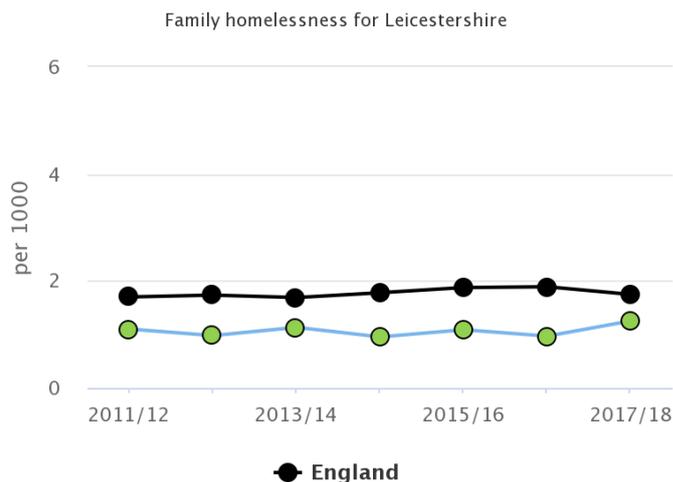
### **2.1.3. Homelessness**

The UN Convention on the Rights of the Child<sup>4</sup> highlights the right of every child to an adequate standard of living. Children from homeless households are often the most vulnerable in society. Homelessness is associated with severe poverty and is a social determinant of health.<sup>5</sup>

Homelessness affects a young person's life in many ways. "Homeless young people often experience a disrupted education. Poverty and desperation mean some homeless young people turn to crime, which further decreases the chances of them finding work and escaping their situation. Homeless young people are also more likely to be victims of crime, as their situation puts them at risk of exploitation, particularly if they become homeless at a very young age. The often chaotic and unstable lives of homeless young people mean that poor physical and mental health is common, as is substance misuse".<sup>5</sup>

Figure 2 below shows family homelessness levels in Leicestershire. In 2017/18 there were 355 homeless households containing children or a pregnant woman. This equates to a rate of 1.3 per 1,000 households and is significantly lower (better) than the England rate of 1.7 per 1,000 households. This figure is for accepted cases only and given some cases will be rejected it is likely this is an underestimate and the demand could be higher.

**Figure 2: Family homelessness households in Leicestershire**

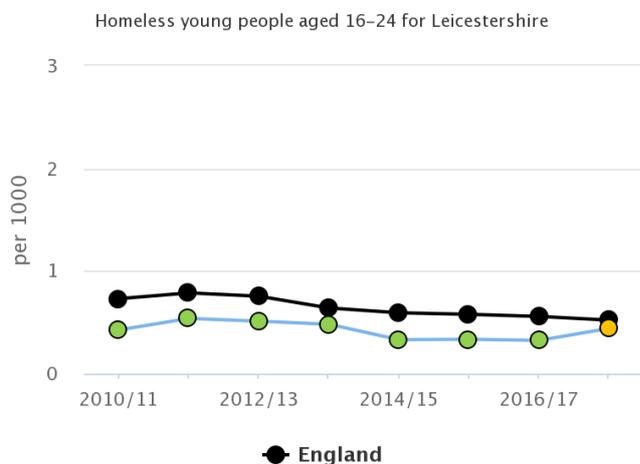


Compared with benchmark: ● Better ● Similar ● Worse ○ Not compared

**Source: PHE Fingertips, Wider Determinants Profile Department for Communities and Local Government**

Figure 3 below shows that in 2017/18, the rate of accepted homelessness for young people aged 16-24 years old in Leicestershire (125 people at a rate of 0.4 per 1,000 population) reached levels similar to that observed in England (0.5 per 1,000 population). Previously in 2016/17, the rate in Leicestershire had been significantly lower (better) than England. This figure is for accepted cases only and given some cases will be rejected it is likely this is an underestimate and the demand could be higher.

**Figure 3: Homeless young people aged 16-24 per 1,000 population in Leicestershire**



Compared with benchmark: ● Better ● Similar ● Worse ○ Not compared

**Source: PHE Fingertips, Child and Maternal Health Profile, Department for Communities and Local Government**

### 2.1.4. Unemployment

Unemployment is associated with an increased risk of ill health and mortality. There are relationships between unemployment and poor mental health and suicide, higher self-reported ill health and limiting long term illness and a higher prevalence of risky health behaviours including alcohol use and smoking, all which can impact on children.<sup>6</sup>

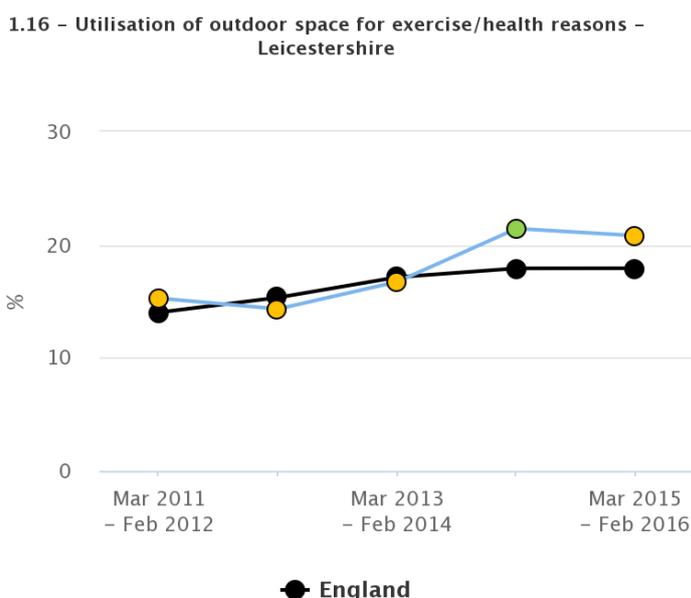
In 2019, 12,700 adults aged 16 and over were unemployed in Leicestershire, this is equivalent to 3.4% of those who are economically active.<sup>7</sup>

### 2.1.5. Access to outdoor space for exercise/health reasons

There is strong evidence to suggest that green spaces have a beneficial impact on physical and mental wellbeing and cognitive function through both physical access and usage, across the life course.<sup>5</sup>

Figure 4 shows in Leicestershire, an estimated 20.8% of people aged 16 and over were using outdoor space for exercise/health reasons in the period March 2015 – Feb 2016. This is statistically similar to the national percentage of 17.9%. Locally the percentage has declined from 21.4% in the previous time-period (March 2014 – February 2015).

**Figure 4: Trend in utilisation of outdoor space for exercise/health reasons in Leicestershire**



Compared with benchmark: ● Better ● Similar ● Worse ○ Not compared

**Source: PHE Fingertips, Physical Activity Profile, Natural England: Monitor of Engagement with the Natural Environment (MENE) survey**

### 2.1.6. Traveller children

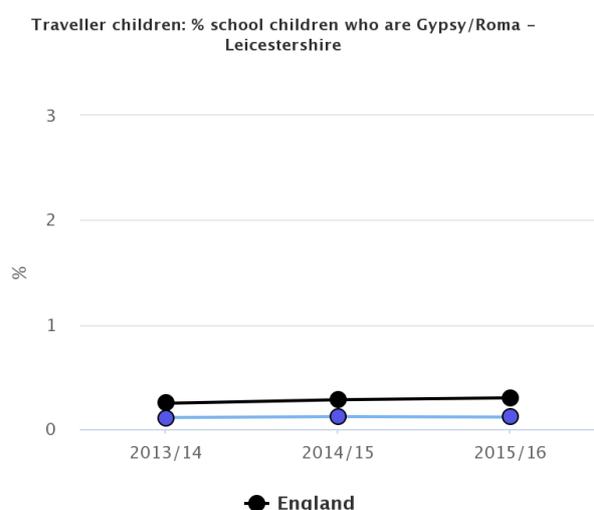
The Council of Europe's (2016) monitoring activities on Roma and Traveller groups (Gypsies not specified) show they still suffer from widespread anti-Gypsy prejudice and stereotyping and are victims of massive discrimination in many member states. It also highlights that Roma and Travellers are extremely vulnerable to violence, crime and economic and cultural discrimination. Within these communities, women, children and young people (CYP) are particularly exposed to multiple discrimination and specific forms of violence, including early or forced marriage, domestic violence, trafficking and forced begging.<sup>8</sup>

All have an adverse effect on the health status of the individuals and groups affected, particularly for increasing social isolation and poor mental health, as building supportive networks outside of the tightly knit community is extremely difficult.

Young women and men are considered to receive insufficient support in their transition to autonomy and working life and risk permanent exclusion. At the same time, women, CYP are fundamental for bringing about social and economic change in Roma and Traveller communities; their full enjoyment of rights requires special support, including from within the Roma and Traveller communities themselves.<sup>8</sup>

Figure 5 below shows the latest data for 2015/16 that 97 children in Leicestershire were Gypsy/Roma, equating to 0.1% of all state primary and secondary school children in the county. This is significantly lower than the national percentage (0.3%).

**Figure 5: Trend of school children who are Gypsy/Roma in Leicestershire**



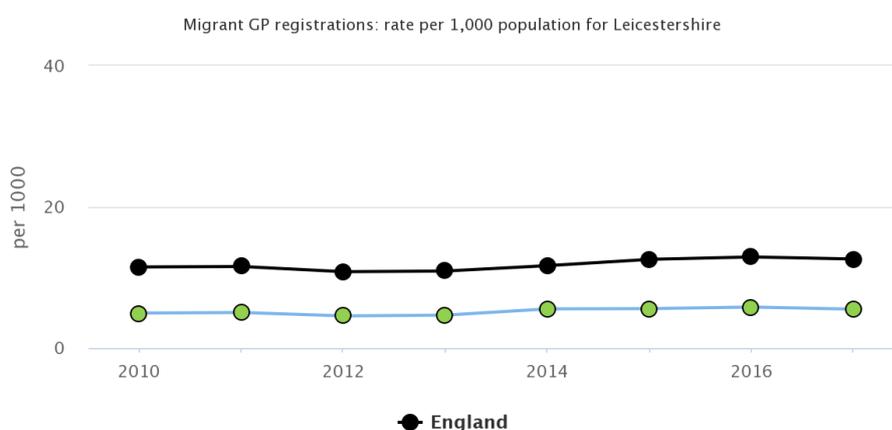
Source: PHE Fingertips, Child and Maternal Health Profile

### 2.1.7. Refugees

High levels of migration into an area can impact on existing health care provisions. New arrivals into areas may include UK-based migration, economic migrants seeking employment in the UK, or refugees arriving from areas of conflict. Reviews have found these groups are exposed to risk factors before, during and after migration. The pre-migration risks include traumatic events, exposure to conflicts and persecution. Post-migration risks include the uncertainty of asylum status, detention and reduced social integration.<sup>9</sup>

Figure 6 below shows the trend of migrant GP registration in Leicestershire. Locally there has been a significant increase in migrant GP registrations over the last five years despite continuing to perform significantly lower than the national rate since recording (in 2010). In 2017, there were 3,794 GP registrations (a rate of 5.5 per 1,000 population) from someone that was previously living overseas. This is significantly lower than the England rate of 12.6 per 1,000 population.

**Figure 6: Trend of migrant GP registrations in Leicestershire**



Compared with benchmark: ● Better ● Similar ● Worse ○ Not compared

Source: PHE Fingertips, Common mental disorders, ONS Migration Indicators Tool

### 2.1.8. Black and Minority Ethnic Groups

Studies have previously found that Black, Asian and Minority Ethnic (BAME) communities may be more likely to experience ill health, are at greater risk of developing mental health problems (and therefore are more likely to have a health need that is unrecognised and unsupported). In these circumstances their care is likely to fall to other members of their close or extended family, including young people.<sup>10</sup> Different communities understand and talk about mental health in different ways. In some communities, mental health problems are rarely spoken about and can be seen in a negative light. This can discourage people within the community from talking about their mental health and may be a barrier to engagement with

health services.<sup>10</sup> Overall in Leicestershire there are 8,750 children aged 5-19 years old this equates to 8.0% of the population aged 5-19 years. A further 3.0% of the population aged 5-19 years are from a mixed ethnic group (n=3,600) and 1.0% are from a black ethnic group (n=830).

### **2.1.9. Lesbian Gay Bi Trans & Questioning**

Research shows that certain mental health problems are more prevalent in people who identify as lesbian, gay, bi, trans or questioning. Over half (55%) of young 2.1.9. Lesbian Gay Bi Trans & Questioning (LGBTQ) people experience homophobic, biphobic or transphobic bullying in schools in Britain. Gay pupils who have been bullied are most at risk of depression, self-harm and even suicide, with 23% reporting they have tried to commit suicide at some point in their life. The research shows girls are more likely to attempt suicide (29%) than boys (16%).<sup>11</sup>

### **2.1.10. Armed Forces**

The armed forces community includes serving personnel (both regulars and reservists) and their families, together with veterans and their families. There are approximately 150,000 serving personnel living in England and across the UK there are 101,393 dependent adults and 57,590 dependent children,<sup>12</sup> with around 8% of children aged 0-15 in the UK being from current and ex-serving armed forces families. Service families often face additional pressures on family life resulting from separation from loved ones due to deployment on exercises and operations. They also tend to be more mobile than families in the general population, moving every two years, with moves sometimes unplanned and at short notice. In 2015, 27% of service families had moved home in the previous 12 months.<sup>13</sup> This can lead to disrupted health and social care treatment for the partners of service personnel and their children of all ages, and issues with the continuity of education for children.

## **2.2. Factors affecting family resilience**

### **2.2.1. Age of pregnancy**

National Institute for Health and Care Excellence (NICE) guidelines states that pregnancy in under 18-year olds can lead to “poor health and social outcomes for both the mother and child”<sup>14</sup> for example: “...resulting children are at greater risk of low educational attainment, emotional and behavioural problems, maltreatment or harm, and illness, accidents and injuries.”<sup>15</sup>

The NICE guidance on social and emotional wellbeing in the early years lists being born to parents aged under 18 years as a factor that can make children vulnerable to poor wellbeing.

Young mothers are also more at risk of developing postnatal depression than average.<sup>16</sup>

There is also a body of evidence that young fathers are at risk of depression. A study by Ballard and Davies found that more than 10% of fathers suffer from psychiatric morbidity in the postnatal period. Depression amongst fathers is associated with having depressed partners, having an unsupportive relationship and being unemployed. Depression in fathers therefore occurs in highly vulnerable families and may have an important impact on the emotional development of the infant.<sup>17</sup>

Figure 7 below shows the rate of under 18 conceptions in Leicestershire. Both nationally and locally there has been a significant decrease in teenage conceptions over the last five years. In 2018, there were 134 deliveries to teenage mothers in Leicestershire, a rate of 12.2 per 1,000 females aged 15-17, this is significantly lower (better) than the England rate (16.7 per 1,000 females aged 15-17).<sup>18</sup> It is important to note that not all babies born to teenage parents will be raised by them. Also, although a high number of teenage parents in a population is a risk factor for higher levels of poor infant mental health, on an individual level many teenage parents will parent effectively and raise healthy children. In addition, it is worth considering whether younger adult parents (those in their late teens or early twenties) may require extra support, especially those who are vulnerable or lack family support.<sup>5</sup>

\*It is important to note that while the age of the mother is recorded, the age of father is not recorded.

**Figure 7: Trends in under 18 conceptions in Leicestershire**

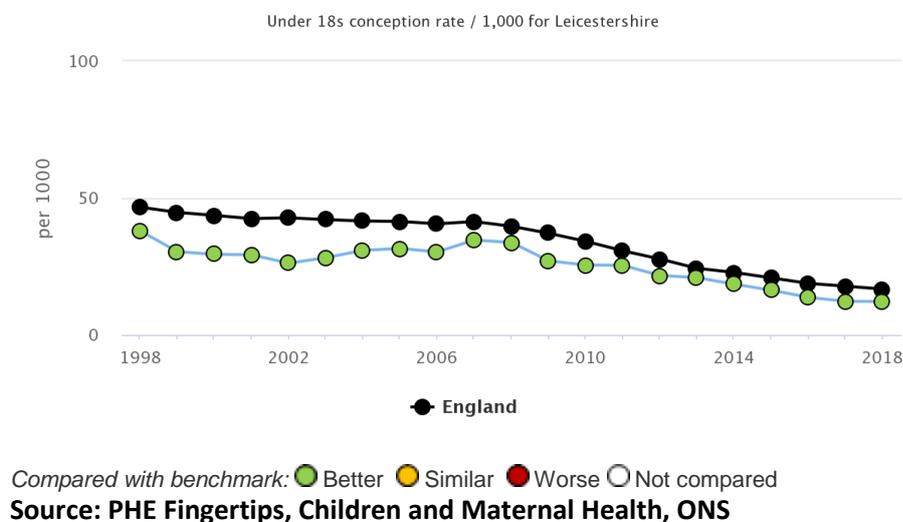
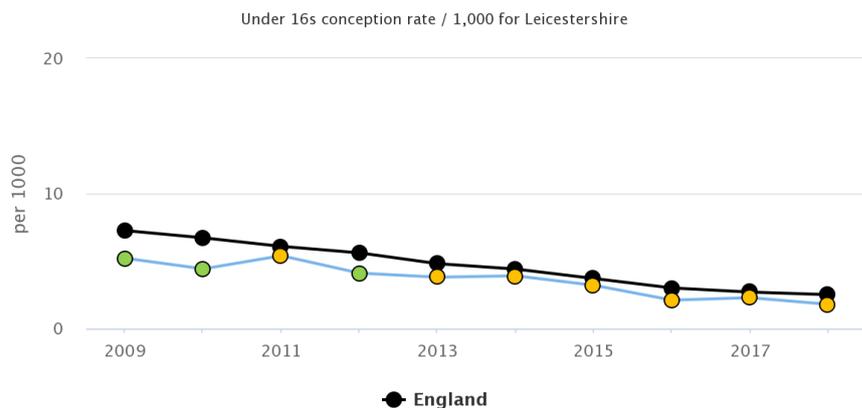


Figure 8 below shows the rate of under 16 conceptions in Leicestershire. In 2018, there were 20 deliveries to teenage mothers aged under 16 in Leicestershire this was a rate of 1.8 per 1,000 females aged 13-15. This is statistically similar to the England rate (2.5 per 1,000

females aged 13-15). Over the last five years the trend for Leicestershire shows there has been no significant change.

**Figure 8: Trend in under 16 conceptions in Leicestershire**

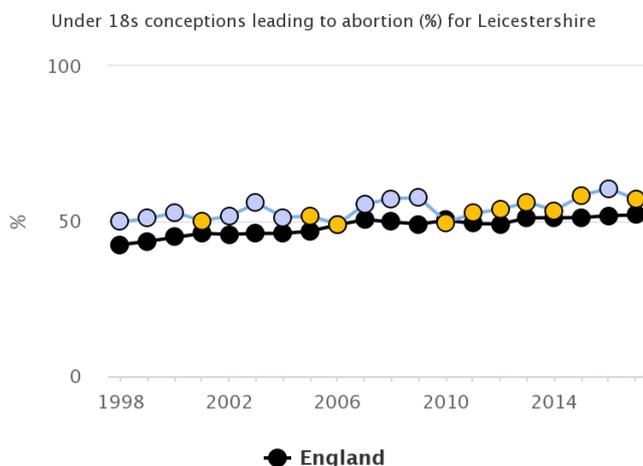


Compared with benchmark: ● Better ● Similar ● Worse ○ Not compared

**Source: PHE Fingertips, Children and Maternal Health, ONS**

Figure 9 below shows trends in the percentage of conceptions in women under 18 years which lead to abortions. In 2018 the percentage in Leicestershire was 61.2% which was statistically similar to the England average of 53.0%. The trend shows that in Leicestershire, there has been no significant change over the last five years. In 2018 in Leicestershire the abortion rate was 7.2 per 1,000 population aged under 18 years, this was statistically similar to the England rate of 8.1 per 1,000 population.

**Figure 9: Conceptions in under 18 years leading to abortions in Leicestershire**



Compared with benchmark: ● Better ● Similar ● Worse ● Lower ● Similar ● Higher ○ Not compared

**Source: PHE Fingertips, Children and Maternal Health, ONS**

### **2.2.2. Long-term health problem or disability**

The 2011 Census examined the proportion of the population that have a health problem or disability that limits their day-to-day activities and has lasted, or is expected to last, at least 12 months. In 2011 nationally 1.5% of all 0-15-year olds had a long-term limiting health condition which by definition is deemed to 'limit them a lot'. This figure is 2.0% nationally for 16-24-year olds.<sup>19</sup> In Leicestershire over 105,000 residents of all ages reported to have a long-term health problem or disability equating to 16.2% of the population. This is significantly better (lower) than the national percentage of 17.6%.<sup>20</sup>

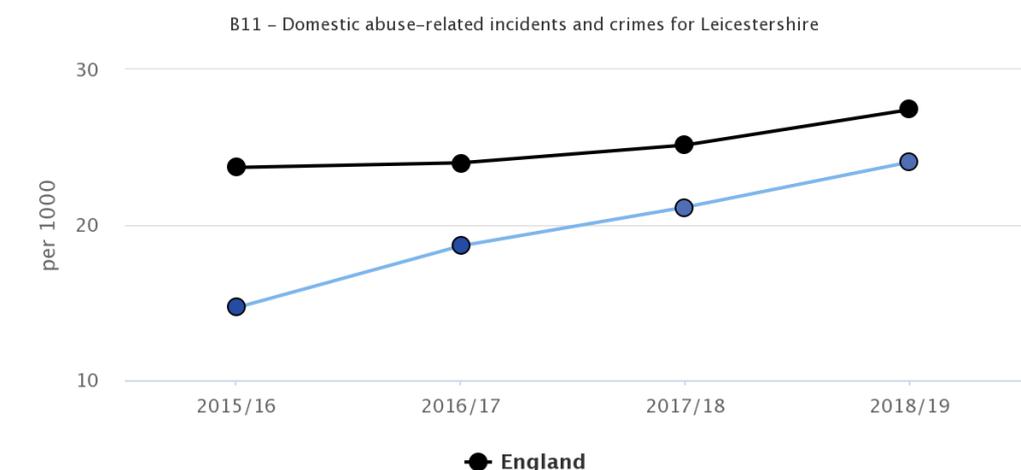
### **2.2.3. Domestic abuse**

An association has been found between domestic abuse and antenatal depression, postnatal depression, anxiety and post-traumatic stress disorder (PTSD).<sup>21</sup> A systematic review and meta-analysis found that: "...high levels of symptoms of all types of perinatal mental disorders included in studies to date (i.e., antenatal and postnatal anxiety, depression, and PTSD) were associated with having experienced domestic violence, although causality cannot be inferred."<sup>21</sup> A high level of domestic violence in an area indicates the population is more at risk of mental health problems in pregnancy and the year after childbirth.

Living in a household where domestic violence is occurring is also a risk factor for poor mental health in children: "The impact of living in a household where there is a regime of intimidation, control and violence differs by children's developmental age. However, whatever their age, it has an impact on their mental, emotional and psychological health and their social and educational development."<sup>22</sup>

Figure 10 shows in 2018/19 there were 24.0 domestic abuse-related incidents and crimes per 1,000 population reported to Leicestershire Constabulary, which covers Leicestershire, Leicester and Rutland compared to 27.4 per 1,000 population nationally.<sup>23</sup> Please note these rates relate to all incidents and are not restricted to those involving households containing children.

**Figure 10: Domestic abuse-related incidents and crimes per 1,000 population in Leicestershire**



Quintiles: Low ● ● ● ● ● High ○ Not applicable

Source: PHE Fingertips, Public Health Outcomes Framework Profile, ONS

#### 2.2.4. Drug and alcohol misuse

If a parent or caregiver misuses alcohol or drugs, there can be an impact on a child’s development, often due to parenting problems: “Research has shown that parents misusing substances are at risk of a wide range of difficulties associated with their role as a parent. These may include a lack of understanding about child development issues, ambivalent feelings about having and keeping children and lower capacities to reflect on their children’s emotional and cognitive experience.”<sup>24</sup>

In terms of alcohol misuse, NICE guidance stresses the importance of taking account of “the impact of the parent's drinking on the parent–child relationship and the child's development, education, mental and physical health, own alcohol use, safety, and social network.”<sup>25</sup>

In 2000, the Advisory Council on the Misuse of Drugs launched an inquiry into the children of problem drug users. It found that “parental problem drug use can and often does compromise children’s health and development at every stage from conception onwards.”<sup>26</sup>

Looking at the impact at different stages of a child’s life, the inquiry found that from age 5-9, 58% of children of drug users had poor school attendance compared to 10% of other children. Homework and concentration in class was also poorer. Drug-using parents are often either physically or emotionally unavailable to their children. This impacts on the children’s behaviour in school, with them either being abnormally withdrawn and anxious or having self-control difficulties.<sup>26</sup>

At age 10-14 years, there is a greater chance of parental problems leading to children of drug-

users exhibiting emotional disturbance and behavioural disorders including bullying and offending. The poor role-modelling also leads to a high risk of experimentation with smoking, and drugs.<sup>26</sup> One study found that 41% of problem drug-using parents had a child who had repeated a year at school, 19% who had truanted and 30% who had been suspended from school at an average age of 12 years.<sup>27</sup>

Once a child reaches 15, the inquiry reports “feelings of isolation and low self-esteem may generate a wish to escape either physically or through drink or drugs, thus potentially placing the young person in a very vulnerable position.” The inquiry found that “teenage offending is also strongly associated with early substance misuse. Early sexual activity is much more likely among those who misuse substances at an early stage, with the consequent risk of pregnancy or sexually transmitted diseases. Young female problem drug users in particular may resort to prostitution or sexual favours to pay for drugs or unpaid debts as drug use escalates.”<sup>26</sup>

The National Treatment Agency for Substance Misuse<sup>28</sup> found that during 2011/12, one third of adults in treatment lived in a household containing children (this includes parents living with their own children and adults living in a house with children who are not theirs, for example step-children or grandchildren). Parents who live with their own children tend to have fewer drug-related problems than others in treatment, are less likely to use the most addictive drugs, and are less likely to inject drugs when compared to non-parents in treatment. They are also less likely to be homeless or arrive in treatment via the criminal justice system.<sup>28</sup>

In 2011/12, the rate of parents in alcohol treatment in Leicestershire was 139.9 per 100,000 children aged 0-15 years, this is statistically similar to the national rate of 147.2 per 100,000 children aged 0-15 years. In the same year, the rate of parents in drug treatment in Leicestershire was 62.3 per 100,000 children aged 0-15 years, this was significantly lower (better) than the national rate of 110.4 per 100,000 children aged 0-15 years.<sup>29</sup>

Local data from the National Drug Treatment Monitoring System (NDTMS) presents information on alcohol and drug treatment services, hospital admissions and drug/alcohol related deaths. The data shows in Leicestershire there were 91 drug users who entered treatment who lived with a total of 151 children in 2017-18. These drug users represented 18% of new presentations to treatment services in the year, an identical percentage to the national average.<sup>30</sup> In the same time period in Leicestershire, there were 111 alcohol clients who entered treatment who lived with a total of 182 children in 2017-18. These alcohol clients represented a quarter (25%) of new presentations to treatment services in the year, a similar percentage to the national average (24%).<sup>31</sup>

### **2.2.5. Parental separation**

Emotional and behavioural problems in children are more common when their parents are fighting or separating. Children can become very insecure. Insecurity can cause children to behave like they are much younger and therefore bed wetting, 'clinginess', nightmares, worries or disobedience can all occur. This behaviour often happens before or after visits to the parent who is living apart from the family. Teenagers may show their distress by misbehaving or withdrawing into themselves. They may find it difficult to concentrate at school.<sup>32</sup>

According to the 2011 Census, the percentage of adults whose current marital status is separated or divorced in Leicestershire was 11.0%. This accounts for over 58,000 adults in the county. The local percentage is significantly lower (better) than the national average of 11.6%.<sup>6</sup>

A total of 15,003 households in Leicestershire in 2011 had a lone parent with dependent children. This is 5.6% of the total number of households and is significantly lower (better) than the England proportion of 7.1%.<sup>33</sup>

### **2.2.6. Adverse childhood experiences (ACEs)**

Adverse childhood experiences (ACEs) are very traumatic and stressful experiences that occur in childhood and can lead on to suffering from physical and mental health conditions in adulthood. ACEs can cover a multitude of events from maltreatment, violence (including sexual assault and domestic violence), coercion and prejudice through to inhumane treatment, adult responsibilities (being a young carer), bereavement and surviving an accident or illness. They can impact upon a child's development and their relationships with others which could result in social isolation and mental health problems.<sup>34</sup>

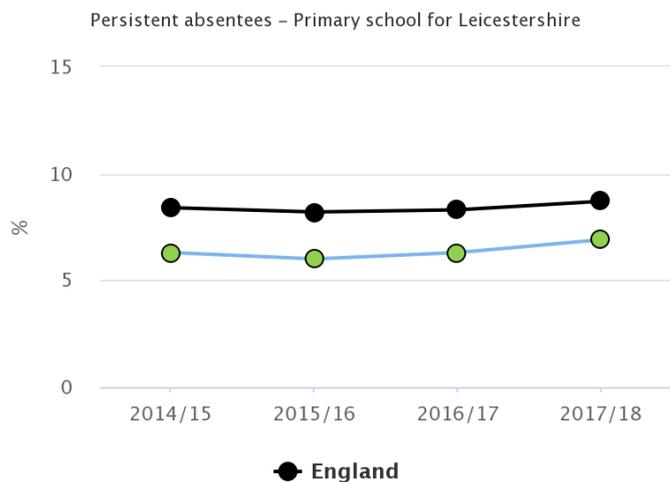
There are many protective factors to assist in keeping children safe and well. This includes having positive and supporting family environments, safe and mutual relationships with peers and compassionate and supportive responses from professionals including early intervention and support from safeguarding services.<sup>34</sup>

## **2.3. Educational Achievement**

### **2.3.1. School persistent absentees**

The percentage of primary school enrolments classed as persistent absentees in 2017/18 was 6.9% in Leicestershire compared to 8.7% in England.<sup>35</sup> Historically rates in Leicestershire have been and remain significantly lower (better) than in England since 2014/15.

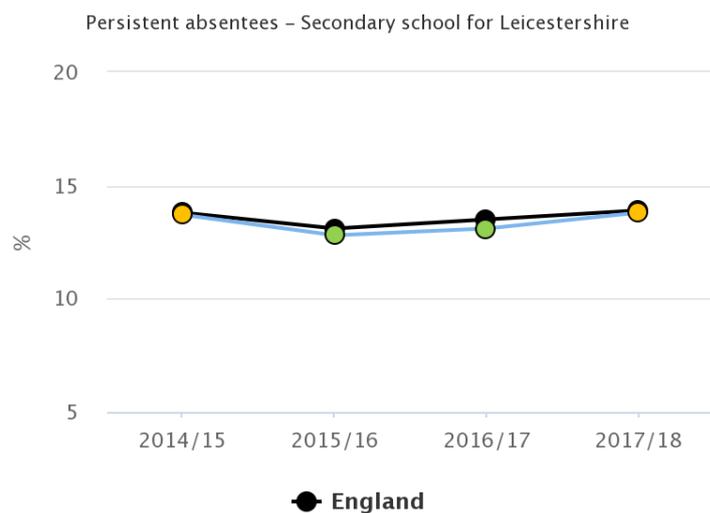
**Figure 11: Trend in primary school persistent absentees in Leicestershire**



Compared with benchmark: ● Better ● Similar ● Worse ○ Not compared  
**Source: PHE Fingertips, Children and Maternal Health**

The percentage of secondary school enrolments classed as persistent absentees in 2017/18 was 13.8% in Leicestershire and is statistically similar to England (13.9%).<sup>35</sup>

**Figure 12: Trend in secondary school persistent absentees in Leicestershire**

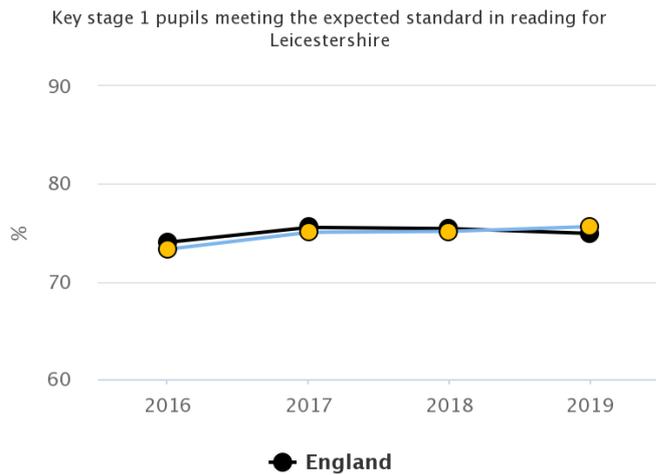


Compared with benchmark: ● Better ● Similar ● Worse ○ Not compared  
**Source: PHE Fingertips, Children and Maternal Health**

### 2.3.2. Key stage 1 standards (KS1) - pupils aged 6 to 7

Figure 13 below shows the data for the percentage of pupils achieving key stage 1 (KS1) for reading. In 2019, the percentage of pupils achieving KS1 in Leicestershire was 75.6%, this is statistically similar to the England average of 74.9%.<sup>35</sup> Historically rates in Leicestershire have remained similar to the England average since 2016.

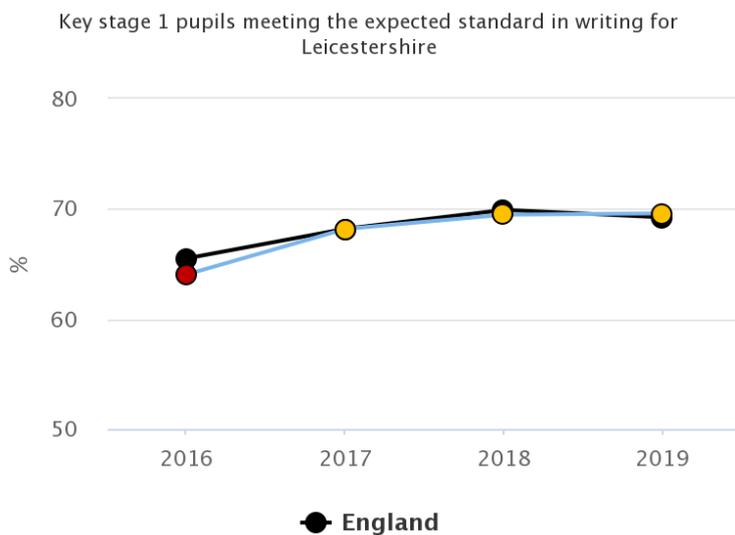
**Figure 13: Trend in key stage 1 in reading in Leicestershire**



Compared with benchmark: ● Better ● Similar ● Worse ○ Not compared  
**Source: PHE Fingertips, Children and Maternal Health**

Figure 14 below shows the data for the percentage of pupils achieving KS1 for writing. In 2019, the percentage of pupils achieving KS1 in Leicestershire was 69.6%, this is statistically similar to the England average of 69.9%.<sup>35</sup> Historically rates in Leicestershire have remained statistically similar to the England average since 2017.

**Figure 14: Trend in key stage 1 in writing in Leicestershire**

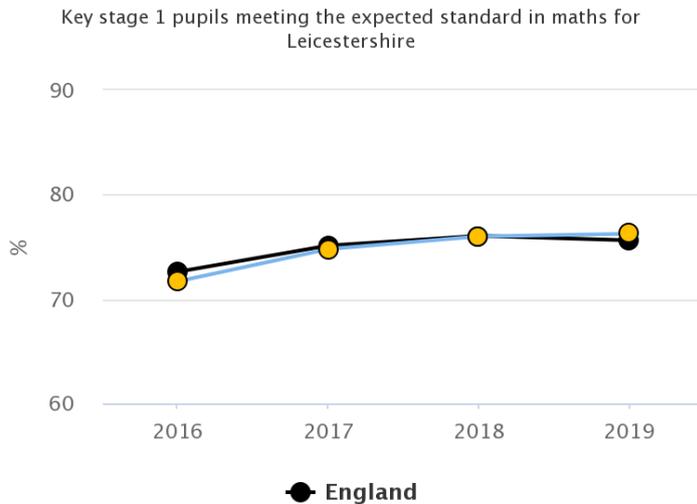


Compared with benchmark: ● Better ● Similar ● Worse ○ Not compared  
**Source: PHE Fingertips, Children and Maternal Health**

Figure 15 below shows the data for the percentage of pupils achieving KS1 for maths. In 2019, the percentage pupils achieving KS1 was 76.2% in Leicestershire compared to 75.6% in

England.<sup>35</sup> Historically rates in Leicestershire have been statistically similar to England since 2016.

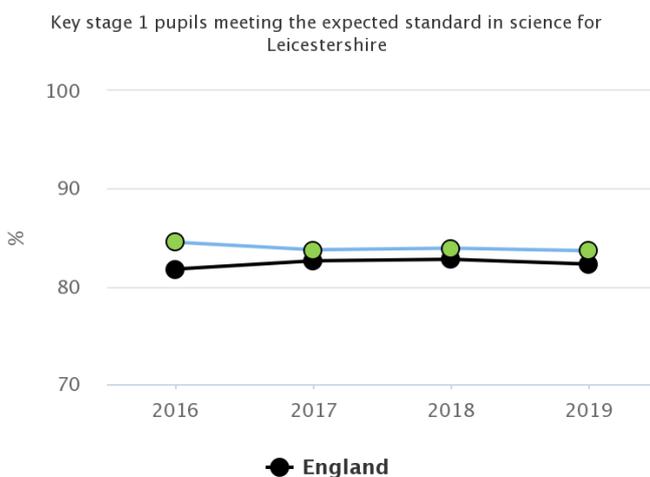
**Figure 15: Trend in key stage 1 in maths in Leicestershire**



Compared with benchmark: ● Better ● Similar ● Worse ○ Not compared  
**Source: PHE Fingertips, Children and Maternal Health**

Figure 16 shows the data for the percentage of pupils achieving KS1 for science. In 2019, the percentage of pupils achieving KS1 was 83.6% in Leicestershire, this is significantly higher (better) in comparison to the England average of 82.3%.<sup>35</sup> Historically rates in Leicestershire have been significantly higher (better) than England since 2016.

**Figure 16: Trend in key stage 1 in science in Leicestershire**

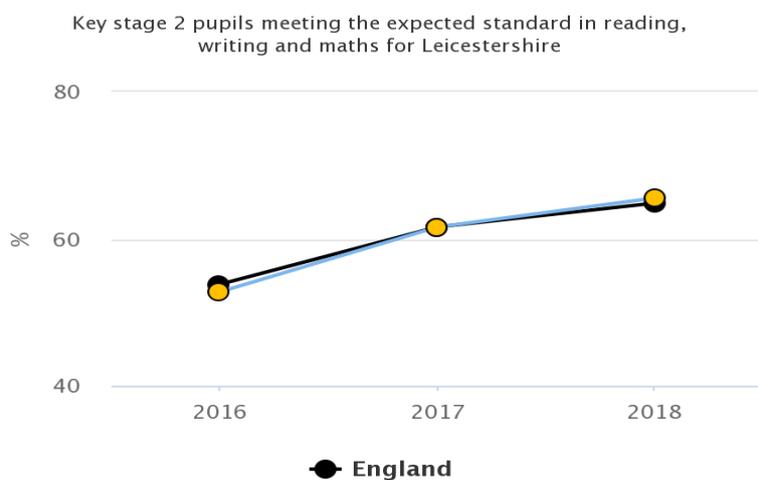


Compared with benchmark: ● Better ● Similar ● Worse ○ Not compared  
**Source: PHE Fingertips, Children and Maternal Health**

### 2.3.3. Key stage 2 standards (KS2) - pupils aged 10 to 11

Figure 17 below shows the data for the percentage of pupils achieving key stage 2 (KS2) for reading, writing and maths. In 2018, the percentage of pupils achieving KS2 was 65.6% in Leicestershire compared to 64.9% in England.<sup>35</sup> Historically rates in Leicestershire have remained statistically similar to England since 2016.

**Figure 17: Trend in key stage 2 in reading, writing and maths in Leicestershire**



Compared with benchmark: ● Better ● Similar ● Worse ○ Not compared

**Source: PHE Fingertips, Children and Maternal Health**

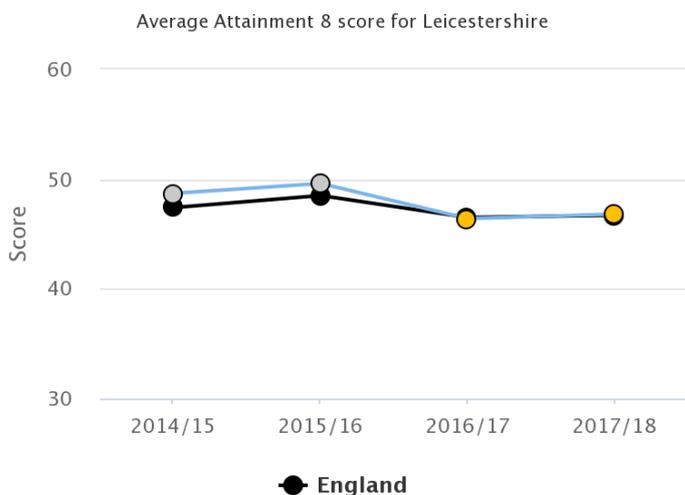
Figure 18 shows the average attainment 8 score\* for children aged 15-16 years in Leicestershire was 46.8 and is statistically similar to the England score of 46.7.<sup>35</sup> Historically, the average score in Leicestershire has remained statistically similar to the England score since 2016/17.

*\*Attainment 8 score measures the achievement of a pupil across 8 qualifications, these are:*

- 1. A double weighted maths element that will contain the point score of the pupil's English Baccalaureate (EBacc) maths qualification.*
- 2. An English element based on the highest point score in a pupil's EBacc English language or English literature qualification. This will be double weighted provided a pupil has taken both qualifications.*
- 3. An element which can include the three highest point scores from any of the EBacc qualifications in science subjects, computer science, history, geography, and languages. For more information see the list of qualifications that count in the EBacc. The qualifications can count in any combination and there is no requirement to take qualifications in each of the 'pillars' of the EBacc.*
- 4. The open element contains the three highest point scores in any three other subjects,*

including English language or literature (if not counted in the English slot), further GCSE qualifications (including EBacc subjects) or any other technical awards from the DfE approved list:

**Figure 18: Average attainment 8 score for children aged 15-16 years in Leicestershire**

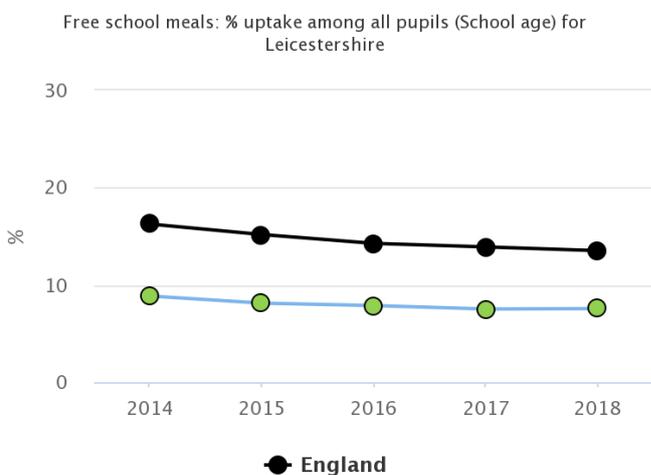


Compared with benchmark: ● Better ● Similar ● Worse ● Not compared

**Source: PHE Fingertips, Children and Maternal Health**

Figure 19 below shows free school meal (FSM) uptake in Leicestershire. In 2018, the percentage uptake was 7.6%, this is significantly lower than the England average of 13.5%.<sup>35</sup> The recent trend shows the percentage uptake in Leicestershire has significantly decreased over the last 5 years and has remained significantly lower than England since 2014.

**Figure 19: Free school meals uptake in all school age children in Leicestershire**



Compared with benchmark: ● Better ● Similar ● Worse ● Not compared

**Source: PHE Fingertips, Children and Maternal Health**

### **2.3.4. Bullying**

According to the What About YOUth Survey (WAY) – 2014/15, the percentage of pupils in Leicestershire who had bullied others in the past couple of months at aged 15 was 9.1%, this is statistically similar to the England average of 10.1%. The WAY Survey also reported that 56.2% of pupils in Leicestershire who were bullied in the past couple of months at age 15, this is statistically similar to the England average of 56.2%.<sup>5</sup>

## **2.4. Vulnerable Children**

### **2.4.1. Young Carers**

Young carers face multiple vulnerabilities because of their caring, including detrimental impacts upon their own health and well-being. Health professionals are ideally positioned to identify if a child or young person is providing care for the patient under their care and can prevent them from suffering long term and persistent issues.<sup>36</sup> Young carers are at risk of becoming ill themselves or suffering an injury when lifting or dressing someone - young carers providing over 50 hours of care a week are up to five times more likely to report their general health as 'not good'.<sup>37</sup> They are also at risk of developing emotional problems of their own - 38% of young adult carers reported having mental health problems.<sup>38</sup>

According to the 2011 census, 1,109 children aged less than 15 years in Leicestershire provided one or more hours of unpaid care per week. This is 0.9% of the total number of children aged less than 15 years. This is significantly lower (better) than the England proportion of 1.1%.<sup>5</sup>

Meanwhile, 199 children aged less than 15 years in Leicestershire provided 20 or more hours of unpaid care per week. This is 0.17% of the total number of children aged less than 15 years. This is significantly lower (better) than the England proportion of 0.21%.<sup>5</sup>

In 2011, 3,093 young people aged 16-24 years in Leicestershire provided 1 or more hours of unpaid care per week. This is 4.1% of the total number of children aged less than 16-24 years. This is significantly lower (better) than the England proportion of 4.8%.<sup>5</sup>

Meanwhile, 693 young people aged 16-24 years in Leicestershire provided 20 or more hours of unpaid care per week. This is 0.9% of the total number of children aged less than 16-24 years. This is significantly lower (better) than the England proportion of 1.3%.<sup>5</sup>

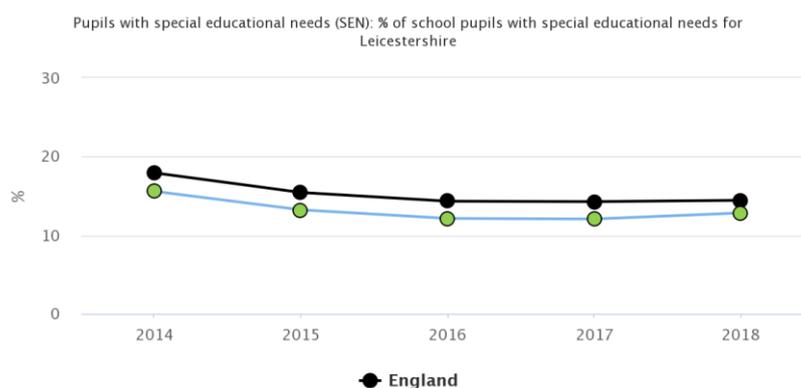
### **2.4.2. Special Educational Needs**

CYP with Special Educational Needs (SEN) may have a wide range of complex needs both socially and emotionally. Some CYP may be diagnosed with conditions such as Attention

Deficit Disorder (ADD), Attention Deficit Hyperactivity Disorder (ADHD) or Autism, others may have behavioural problems or become withdrawn and feel isolated or be disruptive without being diagnosed. Any of these problems may suggest there is an underlying mental health issue such as anxiety and depression, self-harming or substance abuse for example.<sup>39</sup>

Figure 20 below shows in 2018, 12,461 school aged pupils in Leicestershire were identified as having special educational needs, this equates to 12.8% of all school aged pupils and is significantly lower (better) than the England percentage of 14.4%. In Leicestershire, the percentage of pupils who are identified as having SEN has remained significantly lower (better) than the national percentage since 2014. The trend over the last five years show that the percentage of children identified as having special educational needs is significantly decreasing and getting better.

**Figure 20: Trend in pupils with special educational needs (SEN) in Leicestershire**



Compared with benchmark: ● Better ● Similar ● Worse ○ Not compared

**Source: PHE Fingertips, Child and Maternal Health Profile**

### 2.4.3. Learning Disability

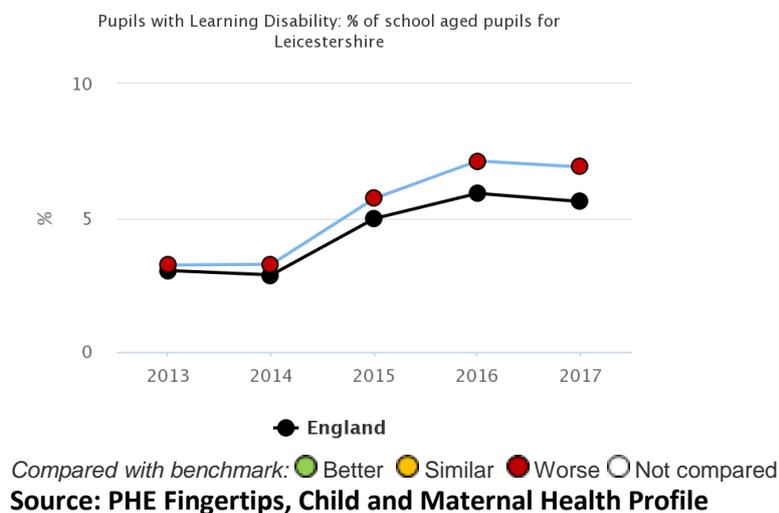
Research demonstrates that an estimated 25-40% of people with learning disabilities have mental health problems. Evidence compiled by the Public Health Observatory for Learning Disability shows the following: A prevalence rate of 3% for schizophrenia amongst people with learning disabilities (three times greater than for the general population), with higher rates for people of South Asian origin. Levels of anxiety and depression are similar to those of the general population (though higher in people with Down's syndrome). The prevalence rate of a diagnosable psychiatric disorder is 36% in children and adolescents with learning disabilities, as opposed to 8% in those who do not have a learning disability.<sup>40</sup>

Over the last five years, the trend for the percentage of school aged pupils with a learning disability in Leicestershire has significantly increased over time, a pattern witnessed nationally too. In Leicestershire in 2017, there were 6,655 pupils with a learning disability. This is 6.9% of the total number of school aged pupils and is significantly higher (worse) than the England

percentage 5.6%.

Figure 21 below shows that the proportion of school aged pupils with a learning disability has remained significantly higher (worse) than England since 2013. Compared to the 15 Chartered Institute of Public Finance and Accounting (CIPFA) nearest neighbours Leicestershire ranks 3<sup>rd</sup> worst.

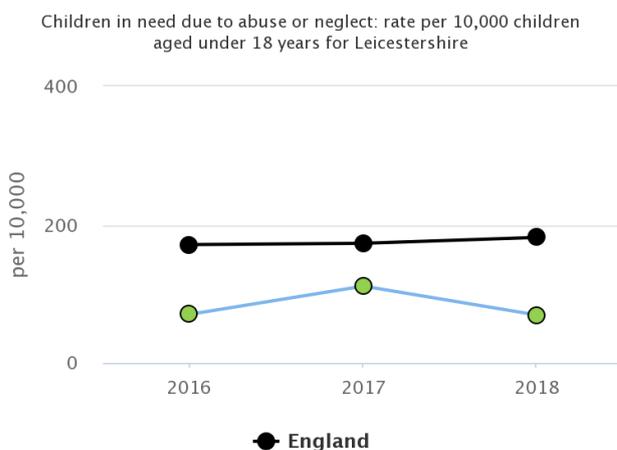
**Figure 21: Trend in the percentage of school aged pupils with a learning disability in Leicestershire**



#### 2.4.4. Children in need

Figure 22 below shows in Leicestershire in 2018, a total of 957 children under the age of 18 were classified as children in need due to abuse or neglect. This equates to a rate of 69.1 per 10,000 population aged under 18. This is significantly lower (better) than the England rate of 181.4 per 10,000 population aged under 18.

**Figure 22: Trend in children (under 18 years) in need due to abuse or neglect in Leicestershire**

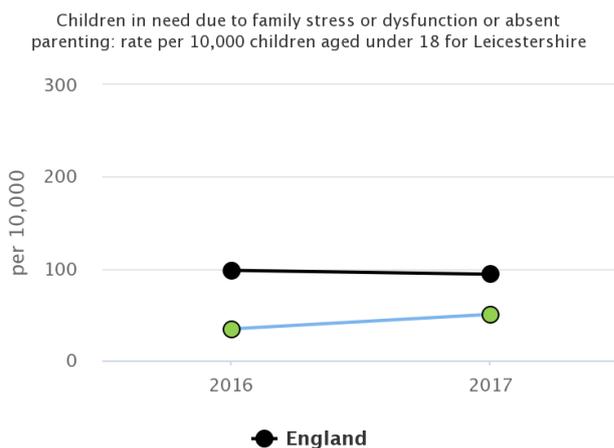


Compared with benchmark: ● Better ● Similar ● Worse ○ Not compared

Source: PHE Fingertips, Mental Health and Wellbeing Profile

Figure 23 below shows in Leicestershire in 2017, 686 children under the age of 18 were classified as children in need due to family stress or dysfunction or absent parenting. This equates to a rate of 50.1 per 10,000 population aged under 18 and is an increase from 2016 (34.3 per 10,000 population aged under 18). This is significantly lower (better) than the England rate of 93.8 per 10,000 population aged under 18.

**Figure 23: Trends in children (under 18 years) in need due to family stress or absent parenting in Leicestershire**

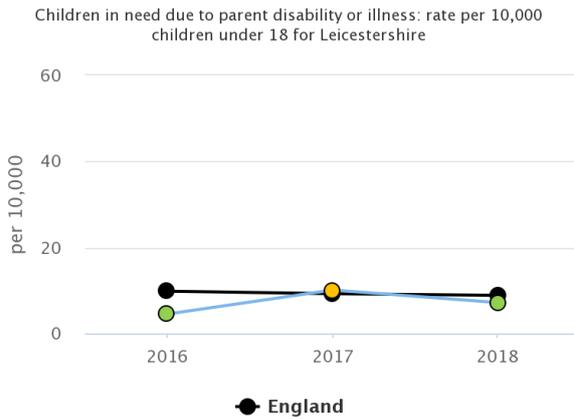


Compared with benchmark: ● Better ● Similar ● Worse ○ Not compared

Source: PHE Fingertips, Mental Health and Wellbeing Profile

Figure 24 shows, the rate of children under the age of 18 years in need due to parent disability or illness. In Leicestershire, in 2018 the rate was 7.2 per 10,000 population aged under 18 (99 children). This is significantly lower (better) than the England rate of 8.8 per 10,000 population aged under 18. There has been an improvement since 2017 when the rate was statistically similar to England.

**Figure 24: Trend in children in need aged under 18 years due to parent disability or illness in Leicestershire**



Compared with benchmark: ● Better ● Similar ● Worse ○ Not compared  
**Source: PHE Fingertips, Mental Health and Wellbeing Profile**

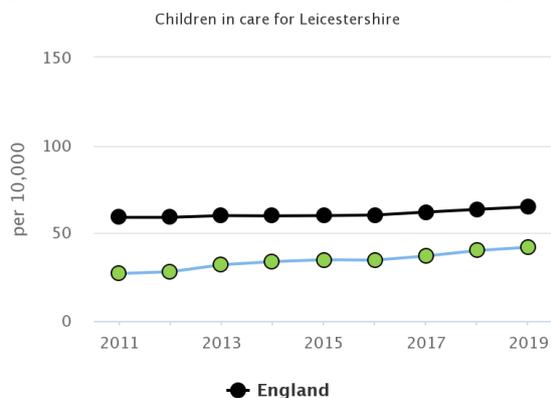
### 2.4.5. Looked after children (LAC)

There are risks to children’s mental health associated with the experience of being in care, as mentioned in the NICE guidance on looked after children (LAC) and young people:

“Entry into care is usually a traumatic experience and brings with it a significant sense of loss that can be insufficiently recognised in care planning. Older children in care may also experience significant problems at school. For those CYP who remain in long-term care creating a sense of belonging and emotional security is vital to their health and wellbeing.”<sup>41</sup>

In Leicestershire the numbers and rates for LAC aged under 18 have remained similar, from 470 children in 2015 to 585 children in 2019. Figure 27 shows that in 2019, the rate for LAC in Leicestershire was 42 per 10,000 population aged under 18 years, this is significantly lower (better) compared to the national rate (65 per 10,000 population aged under 18).

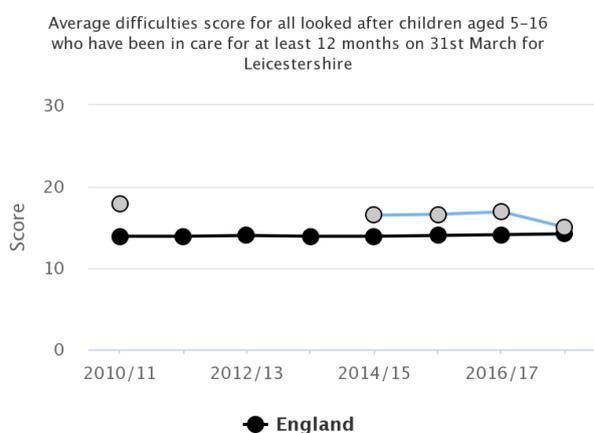
**Figure 25: Trend of looked after children aged under 18 years in Leicestershire**



Compared with benchmark: ● Better ● Similar ● Worse ○ Not compared  
**Source: PHE Fingertips, Child and Maternal Health Profile**

In 2017/18 in Leicestershire LAC had an average difficulty score of 15.0 compared to the England figure of 14.2.

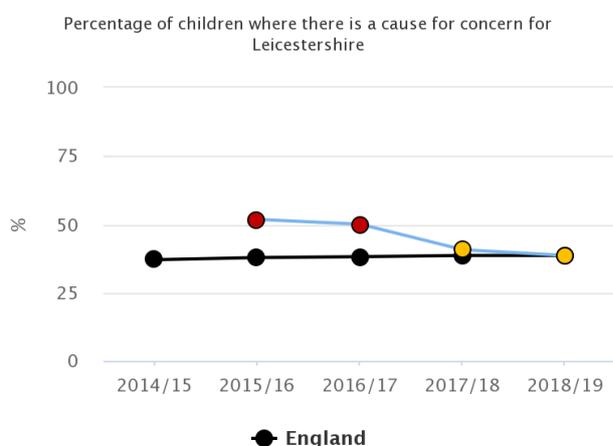
**Figure 26: Trend of average difficulties score for all looked after children aged 5-16 who have been in care for at least 12 months on 31st March in Leicestershire**



Compared with benchmark: ● Better ● Similar ● Worse ○ Not compared  
**Source: PHE Fingertips, Child and Maternal Health Profile**

Figure 27 below shows in 2018/19, Leicestershire (38.5%) had a statistically similar percentage of LAC with a cause for concern compared to England overall (38.6%). This is an improvement as in the two of the previous three years Leicestershire had a significantly higher (worse) percentage than England. Compared to the 15 CIPFA nearest neighbours Leicestershire ranks 5<sup>th</sup> best.

**Figure 27: Trend of percentage of children where there is a cause for concern in Leicestershire**

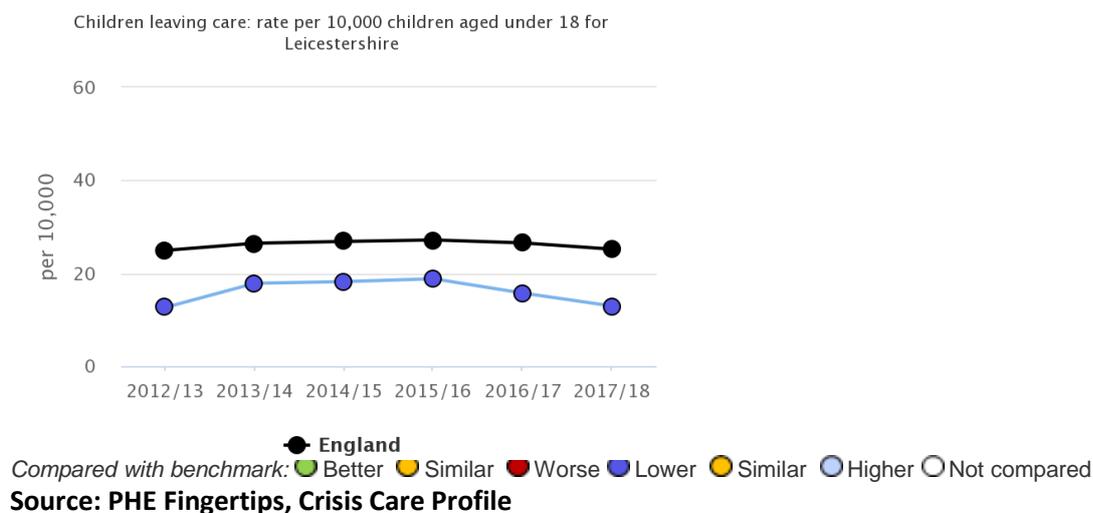


Compared with benchmark: ● Better ● Similar ● Worse ○ Not compared  
**Source: PHE Fingertips, Child and Maternal Health Profile**

Figure 28 shows in 2017/18, the rate of children leaving care in Leicestershire was 12.9 per

10,000 population aged under 18. This is significantly lower than the England rate of 25.2 per 10,000 population aged under 18. The trends in Leicestershire have decreased significantly since 2013/14.

**Figure 28: Trend of the rate of children leaving care in Leicestershire**



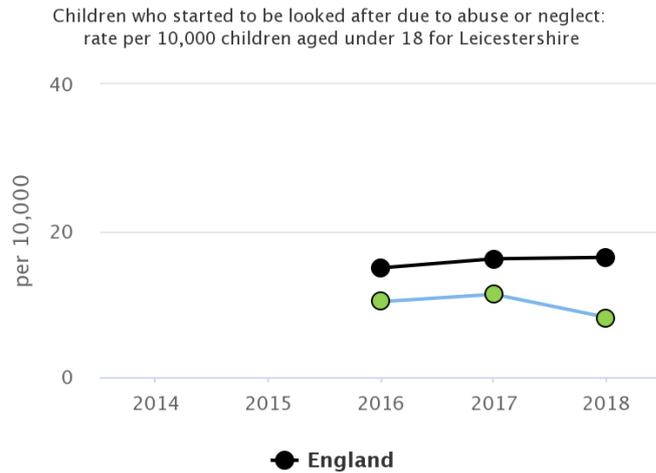
#### 2.4.6. Safeguarding children

Many LAC have suffered abuse or neglect, which can be very damaging to their development, wellbeing and attachment relationships<sup>42</sup>: “A substantial number of children and young people are placed in local authority care as a result of maltreatment. Many children suffer combinations of different forms of abuse and neglect and, as a result, experience the kind of care-giving in which key nurturing experiences are missing. In maltreated children, the child's primary attachment figure (usually the parent) is likely to be unavailable at times of need and may also be the cause of extreme fear and distress. This can lead to the development of insecure or disorganised attachment patterns and have an impact on brain development, which can in turn lead to impaired development.”<sup>42</sup>

Experiences of child maltreatment, whether in LAC or others, can have very serious effects on a young child's development: “There is strong evidence of the harmful short and long-term effects of child maltreatment. All aspects of the child's health, development and wellbeing can be affected.”<sup>43</sup>

Figure 29 below shows the rate of children who started to be looked after due to an initial category of neglect or abuse. In 2018, in Leicestershire the rate was 8.2 per 10,000 population aged under 18 years, this is significantly lower (better) than the England rate of 16.4 per 10,000 population aged under 18.

**Figure 29: Trend of children subject to a child protection plan with initial category of abuse or neglect in Leicestershire**



Compared with benchmark: ● Better ● Similar ● Worse ○ Not compare

Source: PHE Fingertips, Children and Young People's Mental Health and Wellbeing Profile

#### 2.4.7. Child Sexual Exploitation

Child sexual exploitation (CSE) is a type of child abuse. It happens when a young person is encouraged, or forced, to take part in sexual activity in exchange for something. In Leicestershire between 2017/18 there were 161 CSE crimes and 336 CSE incidents in the county.<sup>44</sup>

#### 2.4.8. Youth Justice

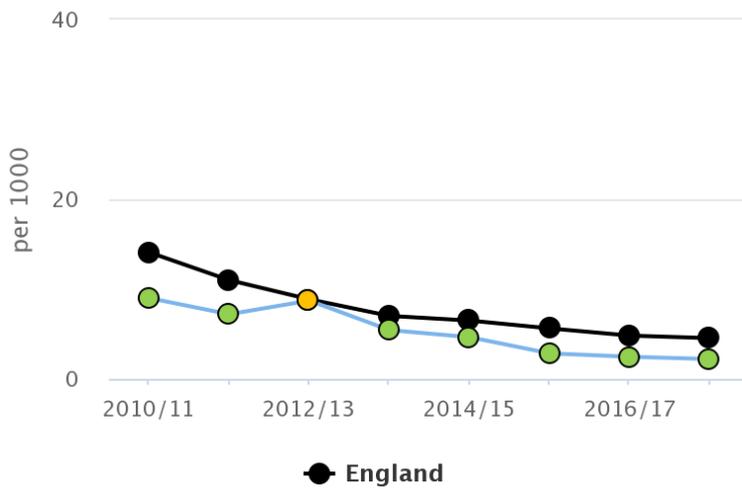
It is common for CYP who enter the youth justice system to have more unmet health needs than other children. CYP who commit crime and are a part of the youth justice system, have a higher risk of mental health problems. These problems can occur from issues such as ineffective parenting, stressful life experiences and in some cases the interaction with the criminal justice system.<sup>45</sup>

It is common for CYP who enter the youth justice system to have more unmet health needs than other children.<sup>46</sup>

Figure 30 below shows the combined rate for Leicestershire and Rutland for children aged 10-18 years who have formally entered the youth justice system was 2.2 per 1,000 children aged 10-18 years in 2017/18. This is significantly lower (better) than the England rate of 4.5 per 1,000 children aged 10-18 years. The recent trend in Leicestershire and Rutland show the rate has been significantly decreasing since 2012/13 and has remained significantly lower than England since 2013/14.

Figure 30: Children aged 10-18 years in the youth justice system in Leicestershire and Rutland

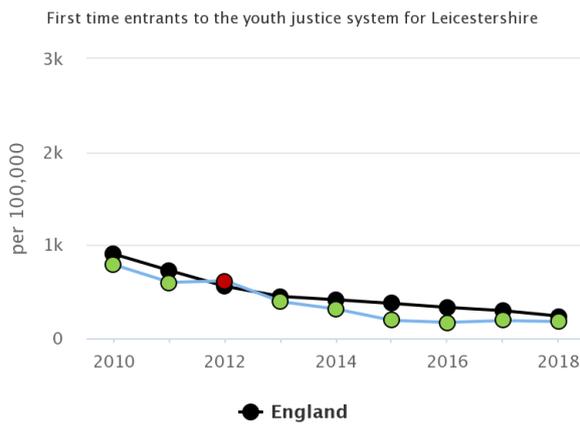
Children in the youth justice system (10–18 yrs) for Leicestershire



Compared with benchmark: ● Better ● Similar ● Worse ○ Not compared  
**Source: PHE Fingertips, Child and Maternal Health Profile**

Meanwhile, the rate for Leicestershire for first time entrants in the youth justice system was 179.5 per 100,000 children aged 10-17 years in 2018. This is significantly lower (better) than the England rate of 238.5 per 100,000 children aged 10-17. Figure 31 shows that the rate of first-time entrants to the youth justice system has significantly decreased since 2014 in Leicestershire and nationally.

**Figure 31: Trend in the rate of first-time entrants to the youth justice system in Leicestershire**



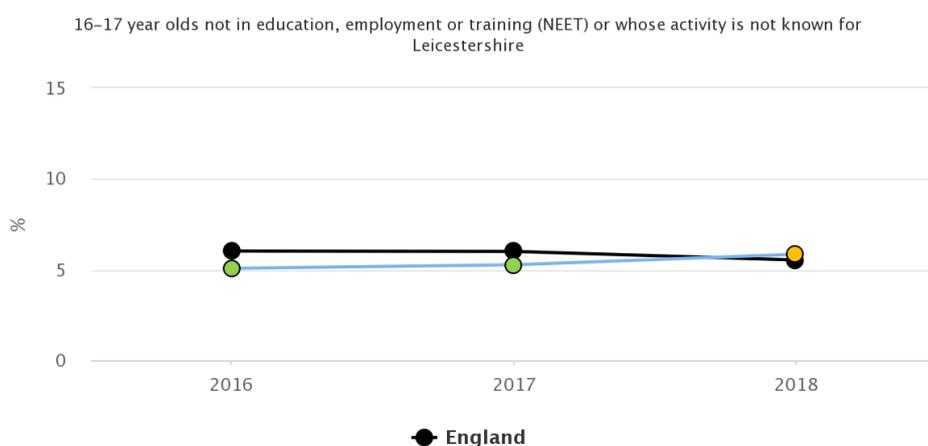
Compared with benchmark: ● Better ● Similar ● Worse ○ Not compared  
**Source: PHE Fingertips, Child and Maternal Health Profile**

### 2.4.9. Children who are NEET

Young people over the age of 15 who are not in full time education, employment or training (NEET) have a greater risk of developing poor health, depression and mental health issues. Young school leavers are likely to leave school with no qualifications which in turn can lead to poor employment opportunities.<sup>47</sup>

Young people who are NEET are recognised as being at risk of poor health, depression or early parenthood.<sup>48</sup> Figure 32 below shows in Leicestershire in 2018, 770 young people aged 16-17 years were NEET. This equates to 5.8% of the population and is statistically similar to the England proportion of 5.5%.

**Figure 32: Trend in young people aged 16/17 who were not in education, employment or Training (NEET) in Leicestershire**



Compared with benchmark: ● Better ● Similar ● Worse ○ Not compared

Source: PHE Fingertips, Child and Maternal Health Profile

#### 2.4.10. Children who are overweight and obese

Obesity is already having an impact on people's lives in terms of our quality of life, across the generations. Being overweight increases the risk of numerous health conditions including heart disease, diabetes, musculoskeletal disorders, cancers, depression and anxiety. Severely obese individuals are three times more likely to require social care than those with a normal weight, resulting in increased risk of hospitalisation and associated health and social care costs.<sup>49</sup>

The UK is seeing reduced rises or even a plateauing effect of overweight and obesity among adults and children, but the reasons for this remain unclear. For example, this may be due to a combination of government policies and programmes, and increased health literacy in the population; or indeed overweight and obesity levels may have reached a point of 'saturation equilibrium'.<sup>49</sup>

PHE estimates that two-thirds of adults and a quarter of children between 2 and 10 years old are overweight or obese. Obese children are more likely to become overweight adults and to suffer premature ill-health and mortality.<sup>50</sup>

### **2.4.11. Children who are physically inactive**

In 2017/18 a third of children (aged 5-15 years) do less than an average of 30 minutes of physical activity a day, and around one in two women and a third of men in England are not active enough for good health.<sup>51</sup>

## **3. Level of need in Leicestershire**

### **3.1. Population of Children in Leicestershire**

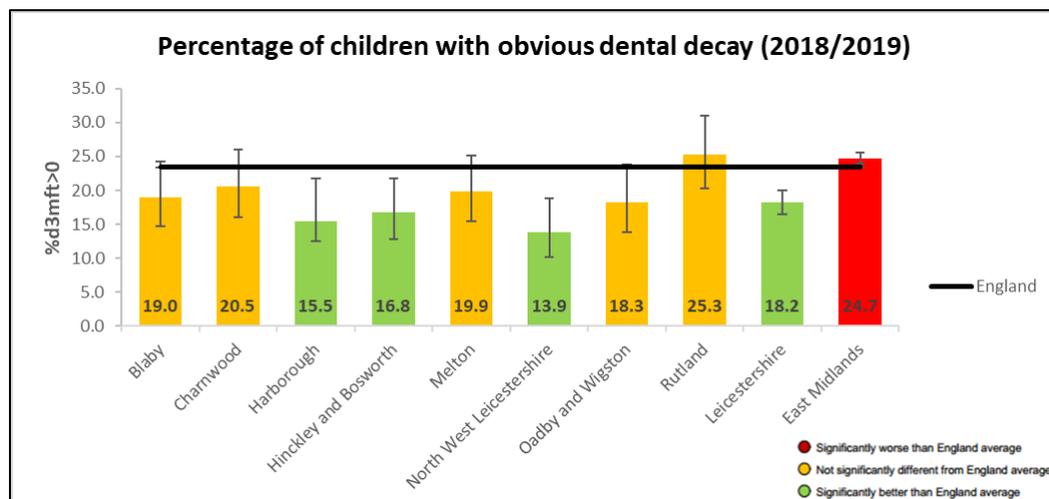
In 2018 the total population of Leicestershire was 690,300. There were 120,500 persons aged 5-19 years in the county, equating to 17.4% of the total population. This is similar to the national proportion of 17.3%. Throughout the Leicestershire districts, the highest proportion of 5-19s was in Oadby & Wigston (19.6%) and the lowest was in Hinckley & Bosworth (16.4%). The highest absolute numbers were found in Charnwood (32,300) and the lowest in Melton (8,500).<sup>52</sup>

### **3.2. Tooth decay**

#### **3.2.1. Survey of five-year olds**

Finding from PHE's 2019 national dental epidemiology survey of five-year-old children who attended mainstream, state-funded schools across Leicestershire during the 2018/19 academic year showed in England, 23.4% of five-year-old children had experience of obvious dental decay (caries), having one or more teeth that were decayed to dentinal level, extracted or filled because of caries (%d3mft>0). Figure 33 below shows in Leicestershire, the percentage of decay was 18.2%; this is significantly better in comparison to the England average. When examining the Leicestershire districts, Harborough (15.5%), Hinckley and Bosworth (16.8%) and North West Leicestershire (13.9%) performed significantly better than nationally (23.4%). All other districts and Rutland performed statistically similar to the national average.<sup>53</sup>

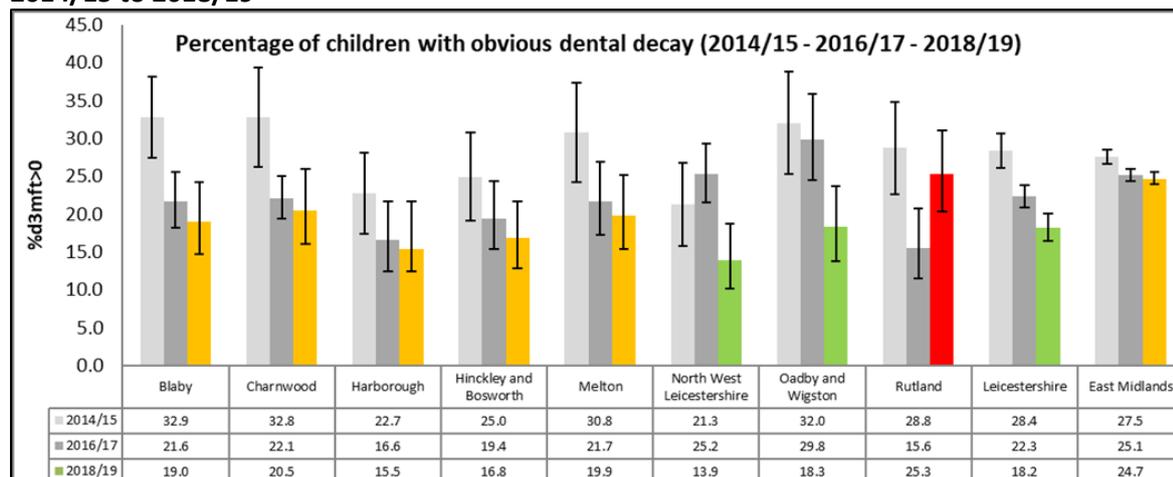
**Figure 33: Percentage of five-year-old children with obvious dental decay - one or more teeth that were decayed to dentinal level, extracted or filled because of caries (%d3mft>0), in Leicestershire, 2018/19**



Source: PHE 2019 National Dental Survey for 5-year olds

Figure 34 below shows a comparison of the percentage of five-year olds with obvious dental decay in Leicestershire from 2014/15, 2016/17 and 2018/19. From 2014/15 to 2016/17 there had been a significant improvement in the percentage of children with obvious dental decay (%d3mft>0) in Leicestershire (28.4% to 22.3%). In 2018/19 the percentage further improved significantly in Leicestershire (22.3% to 18.2%). When examining Leicestershire districts, North West Leicestershire and Oadby and Wigston have both seen a significant improvement since the last survey moving from 25.2% to 13.9% and 29.8% to 18.3% respectively. All other districts have seen no significant improvement or decline.<sup>53</sup>

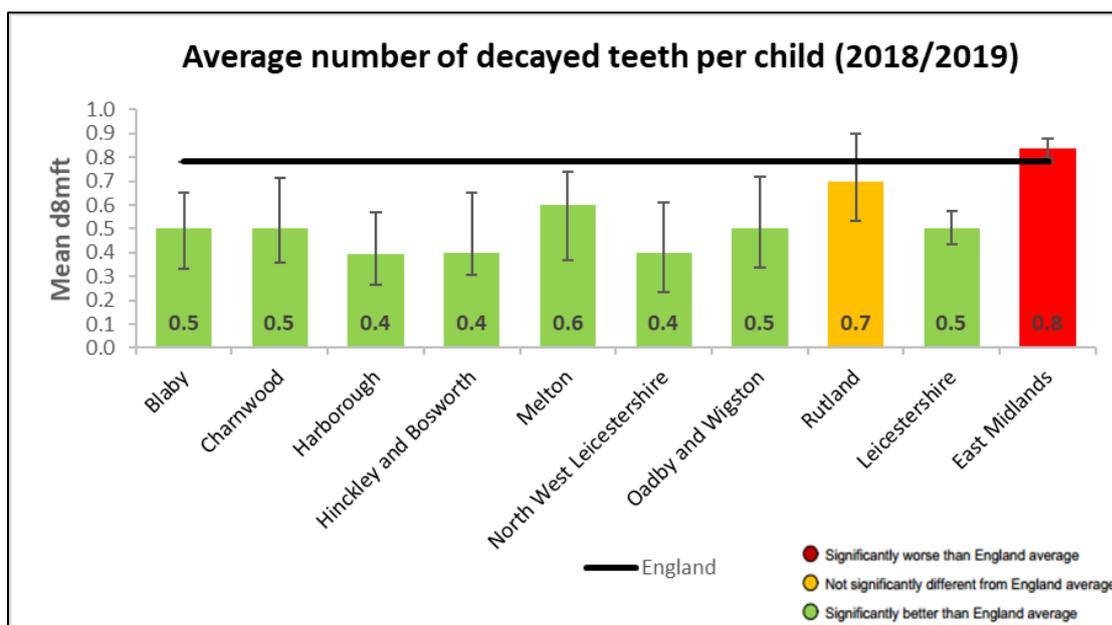
**Figure 34: Percentage of five-year-old children with obvious dental decay - one or more teeth that were decayed to dentinal level, extracted or filled because of caries (%d3mft>0), in Leicestershire, 2014/15 to 2018/19**



Source: PHE 2019 National Dental Survey for 5-year olds

Figure 35 below shows in England, the average (mean) number of teeth per child affected by decay (decayed, missing or filled teeth (d3mft)) was 0.8. The average number of teeth affected by decay in five years olds in Leicestershire was 0.5 which is significantly lower than the England average. All other districts performed significantly better than the national average. In Harborough, Hinkley and Bosworth and North West Leicestershire the average number of teeth per child affected by d3mft was 0.4, half the national average.<sup>53</sup>

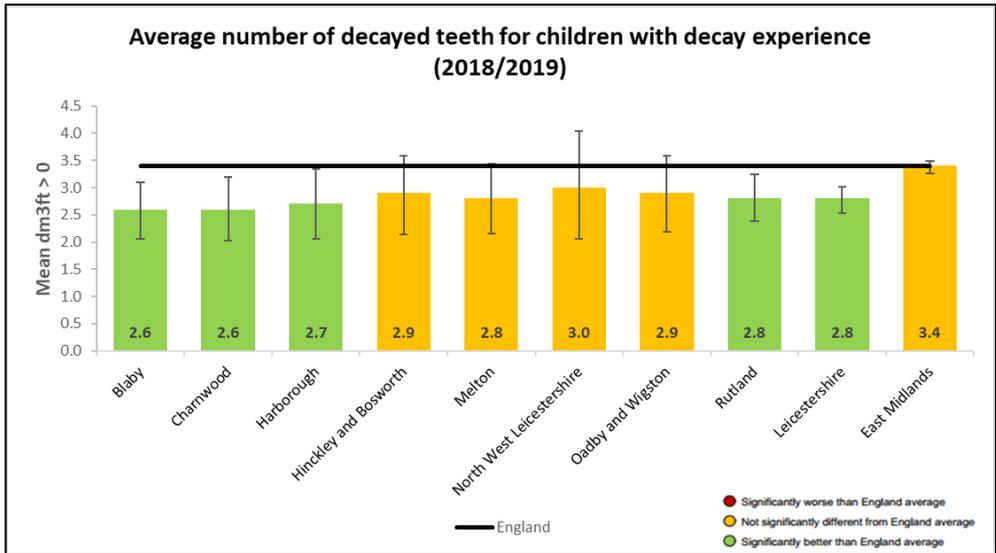
Figure 35: Average number of decayed, missing or filled teeth (dmft) in five-year olds, in Leicestershire, 2018/19



Source: PHE 2019 National Dental Survey for 5-year olds

Figure 36 below shows among the children with decay experience, the average number of decayed, missing (due to decay) or filled teeth (mean d3mft (% d3mft > 0)) in England was 3.4. Leicestershire (2.8) has a significantly lower average than England.<sup>53</sup>

Figure 36: The average number of decayed, missing or filled teeth (d3mft) among the five-year old children with decay experience, in Leicestershire, 2018/19



Source: PHE 2019 National Dental Survey for 5-year olds

### 3.3. Healthy Weight in Reception Year and Year 6 Children

#### 3.3.1. National Child Measurement Programme Reception Year (4-5 years)

The National Child Measurement Programme (NCMP) measures the height and weight of children in Reception class (aged 4 to 5) and year 6 (aged 10 to 11), to assess overweight and obesity levels in children within primary schools.

In 2018/19, the proportion of pupils residing in Leicestershire with excess weight (classified as overweight or obese) in Reception (19.6%) was better than the national percentage (22.6%).

Table 1 below shows the proportion of Reception pupils classified as overweight and obese in Leicestershire (19.6%) was significantly lower (better) than England average (22.6%). The prevalence of underweight (1.2%) was significantly higher (worse) than the England average (1.0%) while the prevalence of overweight (12.3%) pupils was statistically similar to the England average (12.9%). This data examines all children that reside in Leicestershire, regardless of where they attend school.<sup>54</sup>

**Table 1: Proportion of pupils classified as underweight, healthy weight, overweight or obese in Reception, Leicestershire and England 2018/19.**

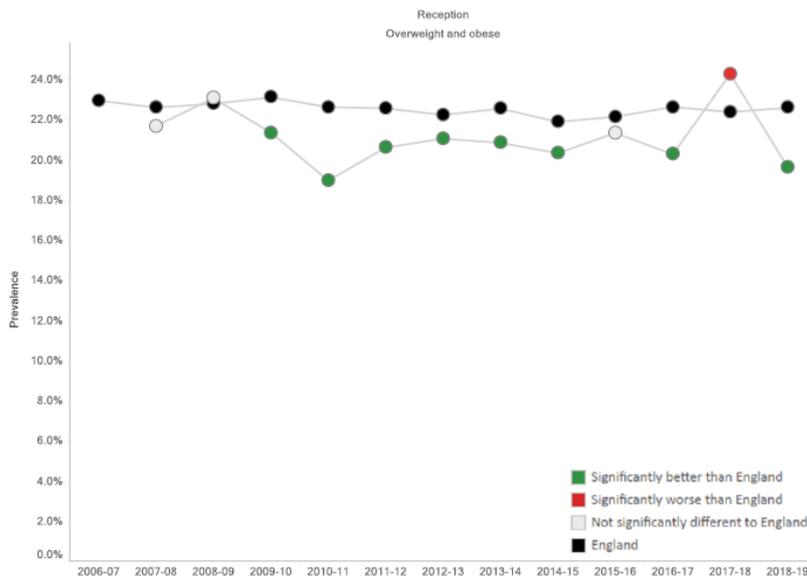
	Reception					
	Underweight	Healthy weight	Overweight	Obese	Severely obese	Overweight and obese
Leicestershire	1.2%	79.2%	12.3%	7.4%	1.7%	19.6%
England	1.0%	76.5%	12.9%	9.7%	2.4%	22.6%

■ Significantly better than England  
○ Not significantly different to England  
■ Significantly worse than England

**Source: National Child Measurement Programme 2018/19**

Figure 37 below shows the proportion of pupils classified as with excess weight in reception in Leicestershire and England from 2006/07 until 2018/19. In six of the last eight years, Leicestershire was significantly better (lower) than England. In 2015/16 there was no significant difference and 2017/18 was significantly higher than England although data quality issues were reported.

**Figure 37: Proportion of pupils classified as overweight and obese in Reception in Leicestershire and England 2006/07 - 2018/19.**



**Source: National Child Measurement Programme 2018/19**

Table 2 below shows the proportion of Asian (6.5%) Reception pupils classified as underweight in Leicestershire to be significantly higher (worse) than the England average (1.0%). The proportion of Black pupils classified as overweight and obese (33.8%) was significantly higher (worse) than the England average (22.6%). White pupils in Leicestershire

have a significantly lower (better) proportion of pupils who are obese (7.3%) and excess weight (20.3%) compared to the national average.

**Table 2: Proportion of pupils classified as underweight, healthy weight, and overweight or obese in Reception, by ethnicity in Leicestershire 2018/19.**

	Reception				
	Underweight	Healthy weight	Overweight	Obese	Overweight and obese
Asian	6.5%	81.0%	5.5%	6.2%	11.7%
Black			20.3%	13.5%	33.8%
Chinese		89.7%			
White	0.6%	78.5%	13.0%	7.3%	20.3%
Mixed			9.9%	7.6%	17.5%
Any other ethnic group					27.6%
Not stated			13.5%	9.5%	23.0%
Leicestershire	1.1%	78.6%	12.3%	7.4%	19.7%
England	1.0%	76.5%	12.9%	9.7%	22.6%

Source: National Child Measurement Programme, 2018/19

### 3.3.2. National Child Measurement Programme Year 6 (10-11 years)

In 2018/19, the proportion of pupils residing in Leicestershire with excess weight (classified as overweight or obese) in year 6 (30.0%) was significantly lower (better) than the national percentage (34.3%); this has been the case for the last six years.

Table 3 below shows the proportion of year 6 pupils classified as overweight and obese in Leicestershire (30.0%) was significantly lower (better) than England average (34.3%). The prevalence of underweight (1.4%) was statistically similar to the England average (1.4%), overweight (12.3%) pupils were similar to the England average (12.9%). Obese pupils in year 6 in Leicestershire (16.6%) were significantly lower (better) than the England average (20.2%). This data examines all children that reside in Leicestershire, regardless of where they attend school.<sup>54</sup>

**Table 3: Proportion of pupils classified as underweight, healthy weight, overweight or obese in year 6, Leicestershire and England 2018/19.**

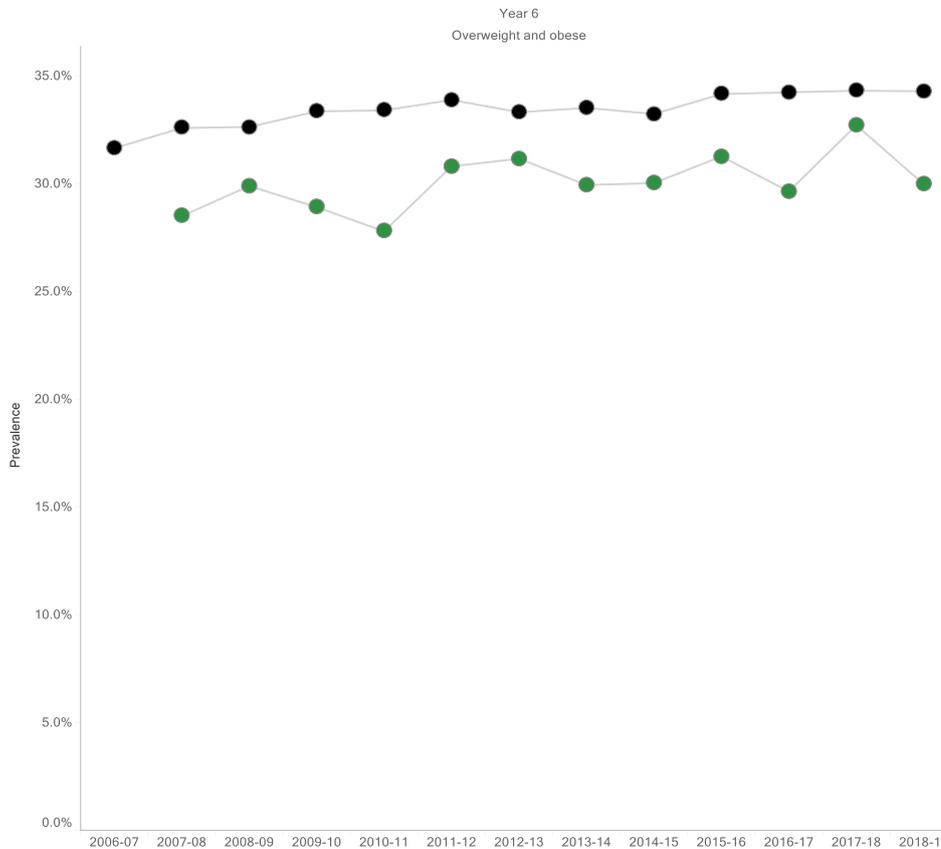
	Year 6					
	Underweight	Healthy weight	Overweight	Obese	Severely obese	Overweight and obese
Leicestershire	1.4%	68.6%	13.4%	16.6%	3.0%	30.0%
England	1.4%	64.3%	14.1%	20.2%	4.4%	34.3%

■ Significantly better than England  
■ Not significantly different to England  
■ Significantly worse than England

Source: National Child Measurement Programme, 2018/19

Figure 38 below shows the proportion of pupils classified as with excess weight in year 6 in Leicestershire and England from 2006/07 until 2018/19. Since 2006/07 Leicestershire has been significantly better (lower) than England.

Figure 38: Proportion of pupils classified as overweight and obese in year 6 in Leicestershire and England 2006/07 - 2018/19.



Source: National Child Measurement Programme, 2018/19

Table 4 below shows the proportion of Asian (5.0%) year 6 pupils classified as underweight in Leicestershire to be significantly higher (worse) than the England average (1.4%). The proportion of Black pupils classified as overweight and obese (49.3%) was significantly higher (worse) than the England average (34.3%). White pupils in Leicestershire have a significantly lower (better) proportion of pupils who are obese (18.3%) and excess weight (32,5%) compared to the national average.

**Table 4: Proportion of pupils classified as underweight, healthy weight, and overweight or obese in year 6, by ethnicity in Leicestershire 2018/19.**

	Year 6				
	Underweight	Healthy weight	Overweight	Obese	Overweight and obese
Asian	5.0%	63.1%	13.4%	18.5%	31.9%
Black			15.1%	34.2%	49.3%
Chinese					20.7%
White	1.2%	66.3%	14.3%	18.3%	32.5%
Mixed			13.9%	20.4%	34.4%
Any other ethnic group					46.7%
Not stated			19.6%	13.0%	32.6%
Leicestershire	1.5%	65.7%	14.2%	18.5%	32.8%
England	1.4%	64.3%	14.2%	20.1%	34.3%

■ Significantly better than England  
■ Not significantly different to England  
■ Significantly worse than England

**Source: National Child Measurement Programme, 2018/19**

### 3.4. Physical activity in Children and Young People

The 2018/19 Active Lives CYP data found 46.8% of children aged 5-16 in England were meeting the CMO guidelines of 60+ minutes of activity a day, every day of the week. In Leicestershire, 51.5% of children met this recommendation. Across Leicestershire, there was a 9.4% difference across the districts. Harborough had the highest percentage of children who met the recommendation (56.9%). All districts had similar proportions to the national average, with North West Leicestershire (47.5%) having the lowest proportion.<sup>55</sup>

Nationally, just under one third of children (29.0%) were ‘less active’, which means they did less than 30 minutes of physical activity a day. In Leicestershire, the proportion of ‘less active’ children was significantly lower (better) at 24.4%, with a 10.8% difference between the districts, of which Harborough had the lowest proportion (significantly lower than England) of ‘less active’ CYP (19.1%) and North West Leicestershire the highest (29.9%).

**Figure 39: Sport and physical activity levels (children and young people in school years 1-11) across LLR (%), 2018-2019**

2018/19	Active (an average of 60 minutes or more a day)	95% CL	Fairly active (an average of 30-59 minutes a day)	95% CL	Less active (less than an average of 30 minutes a day)	95% CL
Blaby	^	-	^	-	^	-
Charnwood	48.7%	37.7 – 59.8	31.3%	20.9 – 44.0	20.1%	15.7 – 25.4
Harborough	56.9%	44.3 – 68.8	24.0%	13.9 – 38.1	19.1%	15.6 – 23.2
Hinckley and Bosworth	47.5%	42.1 – 53.0	27.0%	22.4 – 32.2	25.4%	21.1 – 30.3
Melton	52.4%	45.8 – 58.9	20.6%	15.6 – 26.7	27.0%	21.9 – 32.8
North West Leicestershire	47.5%	42.2 – 52.9	22.5%	18.3 – 27.5	29.9%	25.3 – 35.0
Oadby and Wigston	^	-	^	-	^	-
Leicester	47.1%	42.7 – 51.5	22.5%	18.9 – 26.5	30.5%	26.5 – 34.7
Rutland	56.3%	48.2 – 64.0	23.7%	17.3 – 31.4	20.1%	15.1 – 26.2
Leicestershire	51.5%	48.0 – 54.9	24.2%	21.6 – 27.7	24.4%	22.5 – 26.3
LLR	51.0%	47.7 – 54.2	23.8%	21.9 – 25.9	25.2%	22.2 – 28.5
England	46.8%	46.0 – 47.7	24.2%	23.4 – 25.0	29.0%	28.3 – 29.7

**Source: Sport England – Active Lives Children and Young People Survey (2019)**

**Red:** significantly worse than national average  
**Green:** significantly better than national average  
**Amber:** no significant difference (similar to the national average)  
 ^ indicates that the data has been suppressed either because there are 2 or fewer schools contributing to the results or there are less than 150 completions in these areas

It is also of interest to know if school children are active at school or outside of school ‘At school’ refers to activity done while at school, during normal school hours. It includes activities in PE lessons and break times but excludes activities at before and after school clubs, even if these take place at school.

‘Outside school’ refers to activity done outside of school hours. It includes anything done before getting to school and after leaving school (including travel to / from), as well as activity done at the weekend, on holiday days and at before and after school clubs, even if these took place at school.

Nationally 16.8% more CYP do an average of 30 minutes or more physical activity a day outside of school (57.2%) compared with an average of 30 minutes or more a day inside school (40.4%). The reverse relationship is true for those doing less than an average of 30 minutes a day. Significance tests have not been applied.

A similar relationship exists across Leicester, Leicestershire & Rutland (LLR), with 18.8% more CYP doing an average of 30 minutes or more physical activity a day outside of school (62.1%)

compared with inside school (43.3%). The reverse relationship is true for those doing less than an average of 30 minutes a day. See Figure 40 for more information. *Significance tests have not been applied.*

43.3% of CYP are active for an average of 30 minutes or more a day at school, but no significant differences exist when compared nationally.

62.1% of CYP are active for an average of 30 minutes or more a day outside school, which is 4.9% significantly higher than the national average.

Charnwood (+9.5%), Harborough (+14.2%), Rutland (+11.0%) and Leicestershire (+6.2%) also have significantly higher percentages compared nationally.

These significance differences apply for the reverse relationship for CYP doing less than an average of 30 minutes a day.

**Figure 40: Sport and physical activity levels at school compared to outside school (children and young people in school years 1-11) across LLR (%), 2018-2019**

2018/19	An average of 30+ minutes a day at school	95% CL	An average of 30+ minutes a day outside school	95% CL	Less than an average of 30+ minutes a day at school	95% CL	Less than an average of 30+ minutes a day outside school	95% CL
Blaby	^	-	^	-	^	-	^	-
Charnwood	50.7%	39.9 - 61.3	66.7%	58.9 - 73.6	49.3%	38.7 - 60.1	33.4%	26.4 - 41.1
Harborough	41.5%	31.1 - 52.7	71.4%	66.9 - 75.5	58.5%	47.3 - 68.9	28.6%	24.5 - 33.1
Hinckley and Bosworth	43.9%	38.6 - 49.3	60.8%	55.2 - 66.0	56.1%	50.7 - 61.4	39.3%	34.0 - 44.8
Melton	42.0%	35.5 - 48.8	59.7%	53.3 - 65.7	58.0%	51.2 - 64.5	40.4%	34.3 - 46.7
North West Leicestershire	37.0%	32.1 - 42.2	57.4%	52.0 - 62.5	63.0%	57.8 - 67.9	42.6%	37.5 - 48.0
Oadby and Wigston	^	-	^	-	^	-	^	-
Leicester	43.2%	38.8 - 47.6	54.6%	50.1 - 58.9	56.9%	52.4 - 61.2	45.5%	41.1 - 49.9
Rutland	41.3%	39.8 - 46.9	68.2%	61.1 - 74.7	58.7%	50.2 - 66.7	31.8%	25.4 - 38.9
Leicestershire	43.5%	39.7 - 47.5	63.4%	61.1 - 65.7	56.5%	52.6 - 60.4	36.6%	34.3 - 38.9
LLR	43.3%	39.8 - 46.9	62.1%	58.6 - 65.5	56.7%	53.1 - 60.2	37.9%	34.5 - 41.4
England	40.4%	39.7 - 41.1	57.2%	56.4 - 58.0	59.6%	58.9 - 60.3	42.8%	42.0 - 43.6

Source: Sport England – Active Lives Children and Young People Survey (2019)

**Red:** significantly worse than national average  
**Green:** significantly better than national average  
**Amber:** no significant difference (similar to the national average)  
 ^^ indicates that the data has been suppressed either because there are 2 or fewer schools contributing to the results or there are less than 150 completions in these areas

Other health inequalities exist relating to inactivity within Leicestershire the following highlights some of these inequalities among the adult population.

**Ethnicity** - In Leicestershire, variation exists in the levels of inactivity across different ethnic groups. Those from a White Other ethnic group reported having the highest prevalence of inactivity (41.5%), followed by the South Asian group (32.3%). There is a large difference between the Leicestershire average for the White Other group and the national average (23.2%).<sup>55</sup>

**Disability** – Both, locally and nationally, a higher proportion of those with a limiting illness or disability reported inactivity compared to those with no limiting illness or disability.

**Occupation** – Nationally, those in in managerial and professional occupations are more likely to meet physical activity guidelines (72%) than those in routine/semi-routine occupations and never worked and long-term unemployed (54%).<sup>55</sup>

**Sexual Orientation** - a lower proportion of those identifying as gay or lesbian (18.6%) or bisexual (17.8%) classified as being inactive compared to those identifying as heterosexual or straight (22.2%), or other (29.5%).<sup>55</sup>

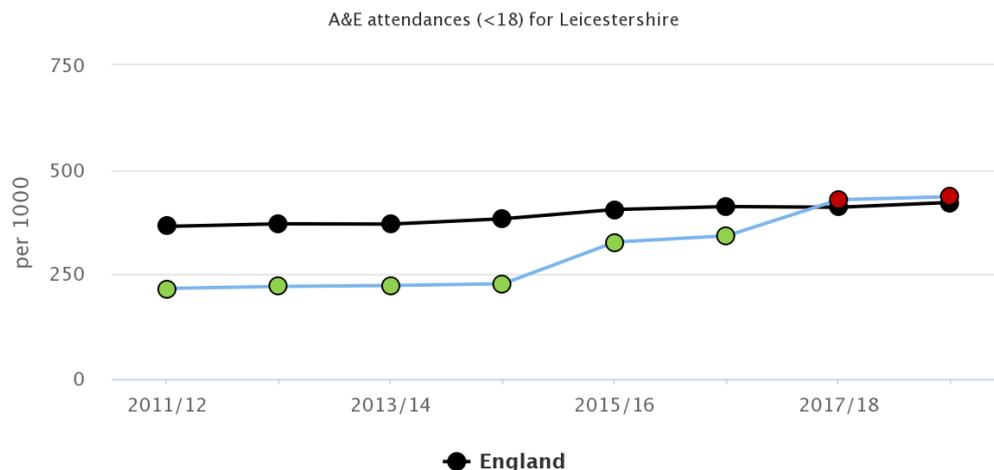
*Note: The data presented has not been tested for statistical significance; therefore, caution needs to be applied when interpreting the results.*

## **3.5. Managing Minor Illnesses**

### **3.5.1. Accident & Emergency (A&E) Attendances**

Both nationally and locally a significant increasing trend (over the last five years) has been witnessed in A&E attendances in those patients aged under 18 years. In Leicestershire, the latest rate for A&E attendances in under 18-year olds was 436.0 per 1,000 population in 2018/19 and was significantly higher (worse) than the national rate of 422.0 per 1,000 population. The A&E attendance rate in under 18-year olds has previously been significantly lower (better) than the national rate from 2011/12 to 2016/17, see Figure 41 below.<sup>56</sup>

**Figure 41: Trend in A&E attendances in under 18-year olds in Leicestershire**



Compared with benchmark: ● Better ● Similar ● Worse ○ Not compared

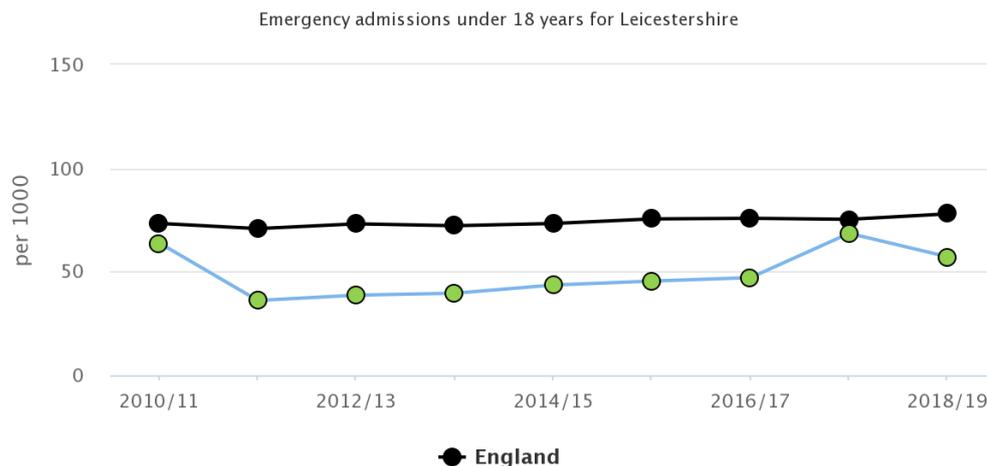
Source: PHE Fingertips, Children and Maternal Health, HES data

### 3.5.2. Emergency admissions

Approximately 35% of all admissions in the NHS in England are classified as emergency admissions, costing approximately £11 billion a year. Admitting a patient to hospital as an emergency case is costly and frequently preventable, yet the number of emergency admissions to hospital has been rising for some time. From a public health point of view, emergency admissions data gives an indication of wider determinants of poor health, linked to areas such as housing and transport.<sup>56</sup>

Both nationally and locally a significant increasing trend (over the last five years) has been witnessed in emergency admissions in those patients aged under 18 years. In 2018/19, there were 8,025 emergency admissions in those aged under 18 in Leicestershire. This equates to a rate of 57.2 per 1,000 population aged under 18 years in Leicestershire compared to 77.9 per 1,000 population aged under 18 years in England. The emergency admissions rate in under 18-year olds in Leicestershire has remained significantly lower (better) compared to England since 2010/11 (see Figure 42 below).

**Figure 42: Trend in emergency admissions in under 18-year olds in Leicestershire**



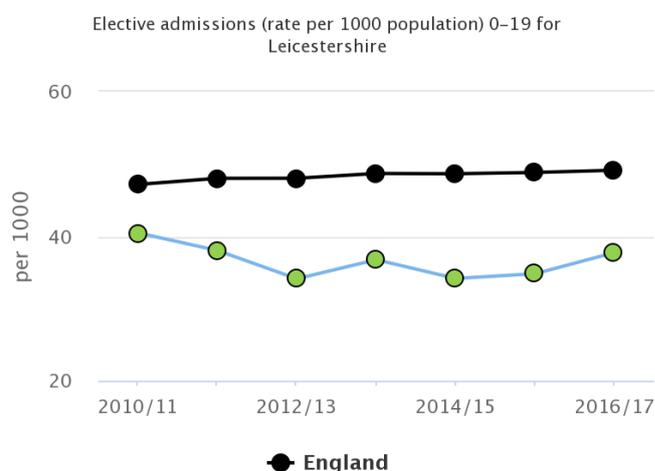
Compared with benchmark: ● Better ● Similar ● Worse ○ Not compared

**Source: PHE Fingertips, Children and Maternal Health, HES data**

### 3.5.3. Elective admissions

The most recent data for elective admissions in 2016/17 for 0-19-year olds show a rate of 37.7 per 1,000 population aged 0-19 in Leicestershire compared to 49.1 per 1,000 population aged 0-19 in England. Trends since 2014/15 in elective admissions in Leicestershire show a significant increase, and rates in Leicestershire have remained significantly lower (better) than in England (see Figure 43 below).

**Figure 43: Trend in elective admissions age 0-19 years in Leicestershire**



Compared with benchmark: ● Better ● Similar ● Worse ○ Not compared

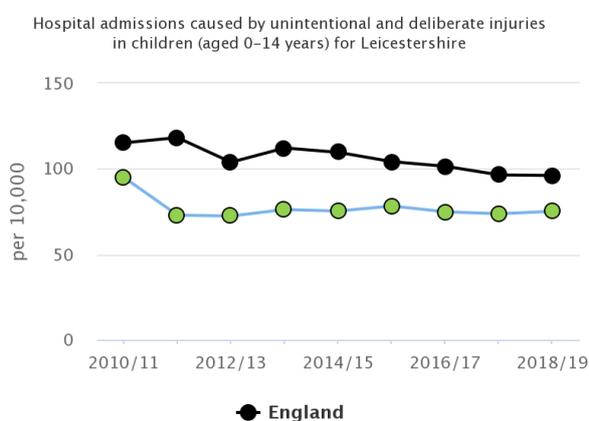
**Source: PHE Fingertips, Children and Maternal Health, HES data**

### 3.5.4. Accidents and deliberate injuries

Injuries are a leading cause of hospitalisation and represent a major cause of premature mortality for CYP. They are also a source of long-term health issues, including mental health related to experiences.<sup>5</sup>

Figure 44 below shows in 2018/19 there were 885 hospital admissions caused by unintentional and deliberate injuries in children aged 0-14 years in Leicestershire. This equates to a rate of 75.2 per 10,000 population aged 0-14 and is significantly lower (better) than England rate of 96.1 per 10,000 population aged 0-14. There has been no significant change in the trend in emergency hospital admissions caused by unintentional and deliberate injuries in 0-14-year olds in Leicestershire over the last five years.

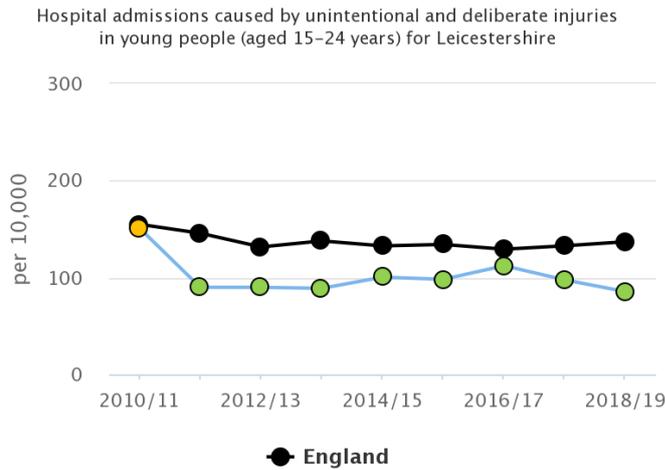
**Figure 44: Trend in emergency admissions due to unintentional and deliberate injuries in young people (0-14 years) in Leicestershire**



Compared with benchmark: ● Better ● Similar ● Worse ○ Not compared  
Source: PHE Fingertips, Children and Maternal Health, HES data

Figure 45 shows the recent trend in hospital admissions due to unintentional and deliberate injuries in young people aged 15-24 years. In 2018/19, Leicestershire has a rate of 85.3 per 10,000 population aged 15-24 and is significantly lower (better) than England rate of 136.9 per 10,000 population aged 15-24. There has been no significant change in the trend in emergency hospital admissions caused by unintentional and deliberate injuries in 15-24-year olds in Leicestershire over the last five years.

**Figure 45: Trend in emergency admissions due to unintentional and deliberate injuries in young people (15-24 years) in Leicestershire**



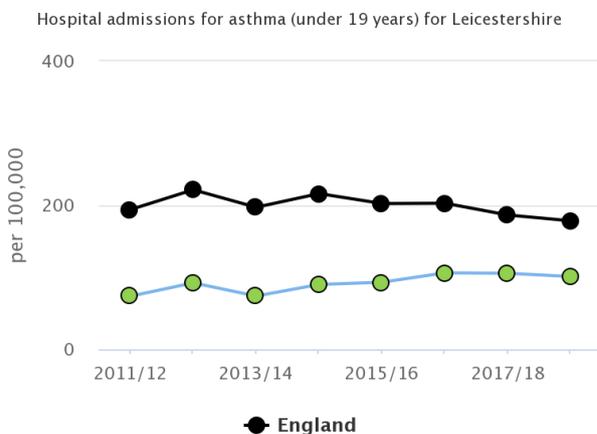
Compared with benchmark: ● Better ● Similar ● Worse ○ Not compared  
**Source: PHE Fingertips, Children and Maternal Health, HES data**

### 3.6. Long Term Conditions and Complex Health Needs

#### 3.6.1. Asthma Admissions

Figure 46 shows the trend for hospital admissions for asthma in Leicestershire. In 2018/19 the rate of admissions for asthma in Leicestershire was 101.0 per 100,000 population aged under 19, this is significantly lower (better) in comparison to the England rate of 178.4 per 100,000 population aged under 19. There has been no significant change in the trend for hospital admissions for asthma in under 19-year olds in Leicestershire over the last five years.

**Figure 46: Trend in asthma admissions (under 19 years) in Leicestershire**

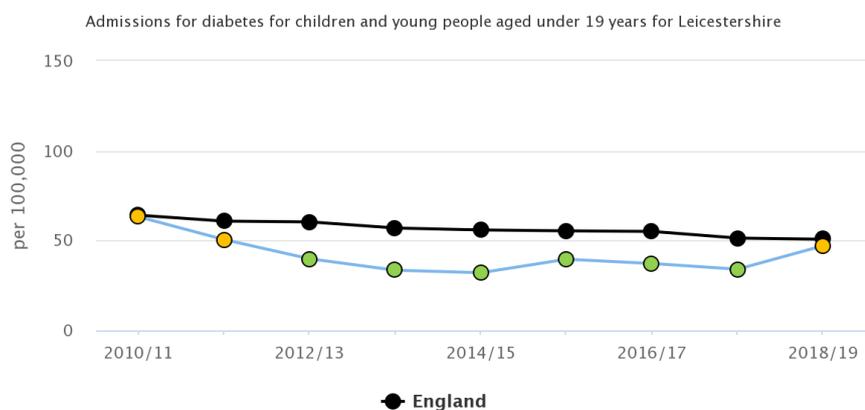


Compared with benchmark: ● Better ● Similar ● Worse ○ Not compared  
**Source: PHE Fingertips, Children and Maternal Health, HES data**

### 3.6.2. Diabetes admissions

In 2018/19, the rate of hospital admissions for diabetes in under 19-year olds in Leicestershire was 47.1 per 100,000 population aged under 19 and was statistically similar to the national rate of 50.7 per 100,000 population aged under 19 years. There has been no significant change in the trend for hospital admissions for diabetes in under 19-year olds in Leicestershire over the last five years (see Figure 47 below).

**Figure 47: Trend in diabetes admissions (under 19 years) in Leicestershire**

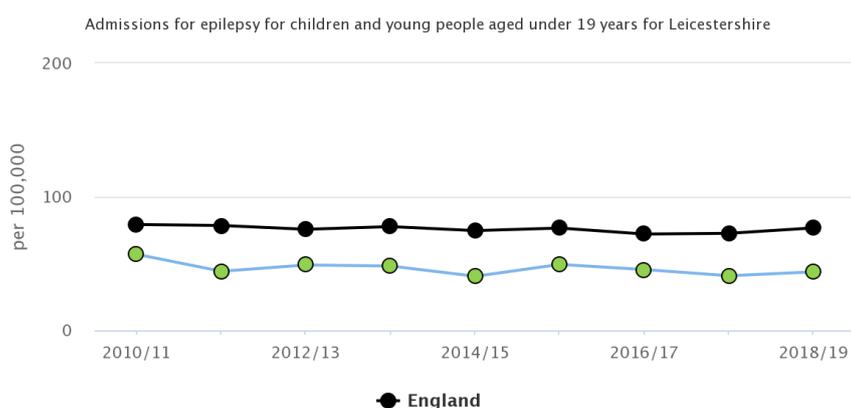


Compared with benchmark: ● Better ● Similar ● Worse ○ Not compared  
**Source: PHE Fingertips, Children and Maternal Health, HES data**

### 3.6.3. Epilepsy admissions

In 2018/19, the rate of hospital admissions for epilepsy in under 19-year olds in Leicestershire was 43.8 per 100,000 population aged under 19 and was significantly lower (better) in comparison to the national rate of 76.7 per 100,000 population aged under 19 years. There has been no significant change in the trend for hospital admissions for epilepsy in under 19-year olds in Leicestershire over the last five years (see Figure 48).

**Figure 48: Trend in epilepsy admissions (under 19 years) in Leicestershire**

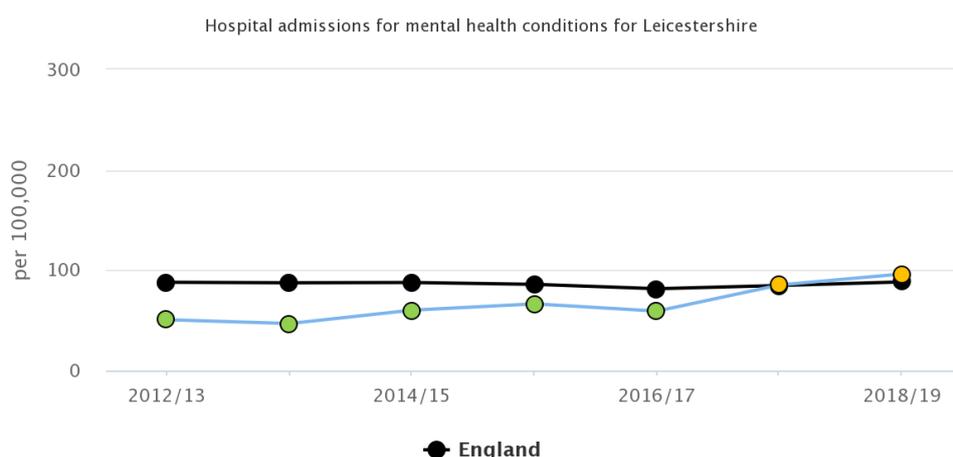


Compared with benchmark: ● Better ● Similar ● Worse ○ Not compared  
**Source: PHE Fingertips, Children and Maternal Health, HES data**

### 3.6.4. Mental health admissions

In 2018/19, the rate of hospital admissions for mental health conditions in under 18-year olds in Leicestershire was 96.2 per 100,000 population aged under 18 and was statistically similar to the national rate of 88.3 per 100,000 population aged under 18 years. Over the last five years the trend in hospital admissions for mental health conditions in Leicestershire has significantly increased. However, historically, rates in Leicestershire have remained significantly lower (better) than in England up to 2016/17.

**Figure 49: Trend in mental health admissions (0-17 years) in Leicestershire**



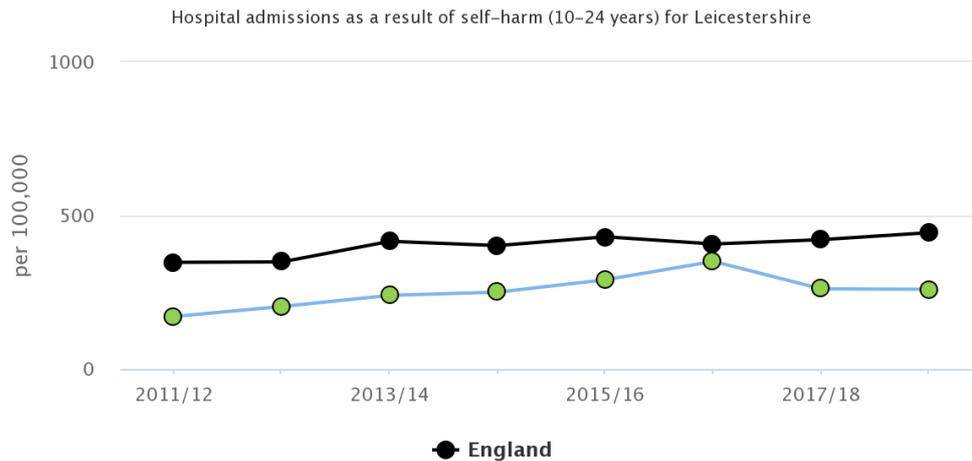
Compared with benchmark: ● Better ● Similar ● Worse ○ Not compared

**Source: PHE Fingertips, Children and Maternal Health, HES data**

*It is not known exactly if the increase in admissions is due to an increase in mental health issues in the population or improvements in diagnoses. However, it is likely a reflection of better diagnoses by both individuals and parents recognising the signs of problems and also the stigma of mental health conditions becoming less.*

Figure 50 below shows the trend in hospital admissions due to self-harm in 10-24-year olds. In 2018/19 the rate of hospital admissions as a result of self-harm in 10-24-year olds in Leicestershire was 259.5 per 100,000 population aged 10-24 years and was significantly lower (better) in comparison to the national rate of 444.0 per 100,000 population aged under 10-24 years. The rate in hospital admissions as a result of self-harm in 10-24-year olds in Leicestershire has remained significantly lower (better) than the national rate since 2011/12.

**Figure 50: Trend in hospital admissions as a result of self-harm (10-24-year olds) in Leicestershire**



Compared with benchmark: ● Better ● Similar ● Worse ○ Not compared  
**Source: PHE Fingertips, Children and Maternal Health, HES data**

The Mental Health in Children’s JSNA Chapter was published in August 2018. This gives a comprehensive picture of the level of need in this subject area, available at the following link: <http://www.lsr-online.org/leicestershire-2018-2021-jsna.html>

### 3.6.5. Low life satisfaction

The most recent data for the percentage of pupils reporting a low life satisfaction score at age 15 in 2014/15 shows 12.5% in Leicestershire and is statistically similar to the England average of 13.7%. The most recent data showing average score from Warwick and Edinburgh Mental Wellbeing Score\* (WEMWBS) is 47.8 in Leicestershire not significantly different than England 47.6.<sup>5</sup>

*\*This score is obtained by the responses to 14 statements covering a range of feelings and attitudes towards life.*

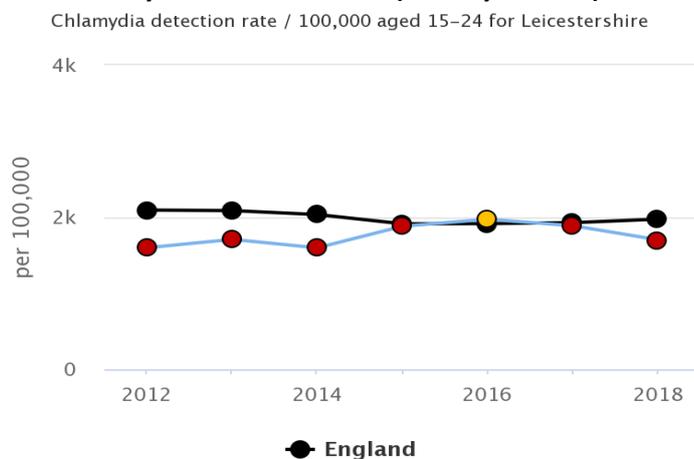
## 3.7. Sexual Health

### 3.7.1. Chlamydia detection rates

PHE) recommends that local authorities should be working towards achieving a detection rate of at least 2,300 per 100,000 population aged 15 to 24. The recommendation was set as a level that would encourage high volume screening and diagnoses, high enough to encourage community screening rather than specialist sexual health clinic only diagnoses and be ambitious but achievable. Figure 51 below shows the most recent data for chlamydia detection rates in 2018 show a rate of 1,703 per 100,000 population aged 15-24 years in Leicestershire this is significantly lower (worse) than the benchmark of greater than or equal to 2,300 per 100,000 population.<sup>5</sup> Historically rates in Leicestershire have remained significantly lower (worse) than the benchmark since 2012 with the exception of 2016 where

there was no significant difference. The recent trend shows rates have remained similar since 2014. It is unclear if the low detection rates in Leicestershire are due to a lower incidence of chlamydia or the fact that the percentage of 15-24-year olds screened 16.9% is significantly lower (worse) than England 19.6% in 2018, or indeed a combination of both factors.

**Figure 51: Trend in chlamydia detection rates (15-24-year olds) in Leicestershire**



Benchmarked against goal: <1900 1900 to <2300 ≥2300

Source: PHE Fingertips, Children and Maternal Health

Table 5 below shows chlamydia detection rates for children aged 15-24 years in 2018. All districts except North West Leicestershire have a significantly lower (worse) rate than the benchmark. Compared to the 15 CIPFA nearest neighbours Leicestershire ranks 8<sup>th</sup> worst.

**Table 5: Chlamydia detection rates per 100,000 for children aged 15-24 years by Leicestershire districts 2018**

Area	Recent Trend	Count	Value
England	↓	131,269	1,975
Leicestershire Districts	–	1,454	1,703*
North West Leicestershire	↑	221	2,089
Charnwood	↑	591	1,896
Melton	→	88	1,780
Blaby	→	174	1,755
Hinckley and Bosworth	→	171	1,570
Oadby and Wigston	→	109	1,244
Harborough	→	100	1,095

Benchmarked against goal: <1900 1900 to <2300 ≥2300

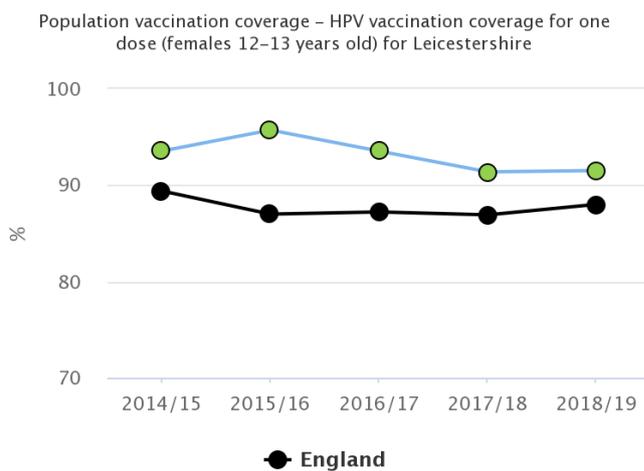
Source: PHE Fingertips, Children and Maternal Health

### 3.8. Vaccines and Immunisations

#### 3.8.1. HPV immunisation coverage

Figure 52 below shows data for HPV vaccination coverage in females aged 12-13. In 2018/19, 91.5% of females in school year 8 (age 12-13) received the first dose of HPV vaccine in Leicestershire compared to 88.0% nationally.<sup>5</sup> The HPV vaccination percentage coverage in Leicestershire has remained significantly higher than the benchmarking goal (greater or equal to 90%) set for uptake since 2010/11. However, over the last five years, the trend for HPV vaccination coverage in Leicestershire has significantly decreased.

**Figure 52: Trend in HPV vaccination coverage (12-13-year old girls) in Leicestershire**



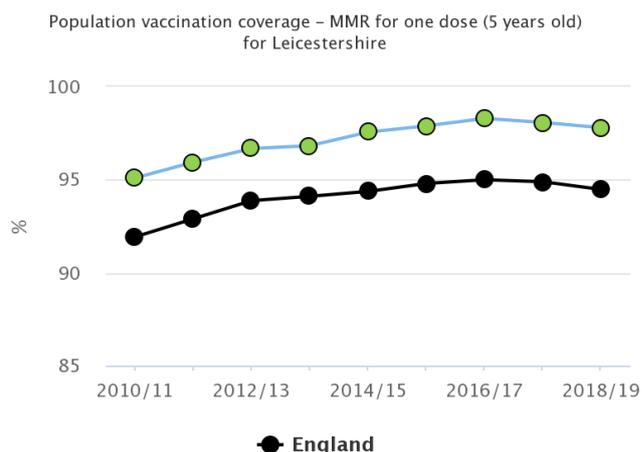
Benchmarking against goal: <80% 80% to 90% ≥90%

Source: PHE Fingertips, Children and Maternal Health

#### 3.8.2. MMR vaccination coverage

Figure 53 below shows children aged 5 years who had completed one dose of MMR vaccination. The data for 2018/19 shows Leicestershire had a 97.8% coverage which was significantly higher (better) than the benchmark goal (greater or equal to 95%). The MMR vaccination percentage coverage in Leicestershire has remained significantly higher than the benchmarking goal (greater or equal to 95%) set for uptake since 2010/11. Over the last five years, there has been no significant change in the trend for MMR vaccination coverage in five-year olds in Leicestershire.<sup>5</sup>

**Figure 53: Vaccinations for MMR one dose in children aged 5 years in Leicestershire**



Benchmarking against goal: <90% 90% to 95% ≥95%  
**Source: PHE Fingertips, Children and Maternal Health**

### 3.9. Lifestyles

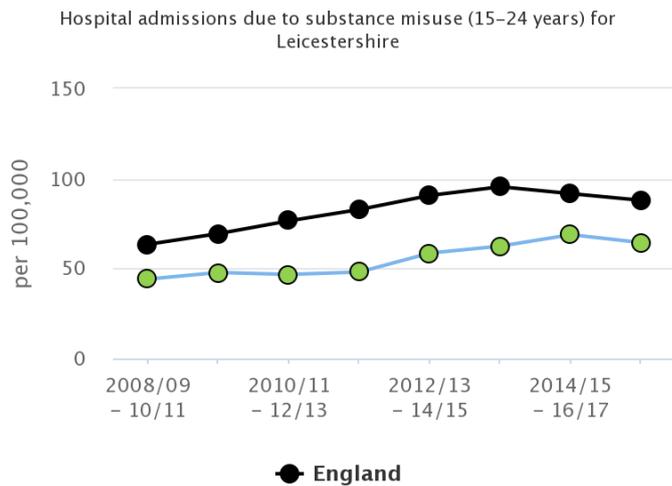
#### 3.9.1. Health Behaviours in 15-year olds

Findings from the What About YOUth (WAY) survey in 2014/15 showed that smoking prevalence for current smokers at the age of 15 in Leicestershire was 6.9%, this is not significantly different than England 8.2%. However, the percentage of 15-year olds who reported ever having an alcoholic drink was 69.5%, this is significantly higher (worse) than the England average of 62.4%. The percentage of 15-year olds who reported eating 5 portions or more of fruit and vegetables a day was 54.4% in Leicestershire and this was statistically similar to the England average of 52.4%. The percentage of 15-year olds who reported having tried e cigarettes was 19.8% in Leicestershire and this was statistically similar to the England average of 18.4%.<sup>5</sup>

#### 3.9.2. Substance misuse and alcohol admissions

Figure 54 shows data for hospital admissions due to substance misuse. In 2016/17 to 2018/19 the rate was 65.1 per 100,000 population aged 15-24 years in Leicestershire and is significantly lower (better) in comparison to the rate in England of 83.1 per 100,000 population aged 15-24 years. Historically, rates in Leicestershire have been remained significantly lower (better) than the rate in England since 2008/09 to 2010/11.

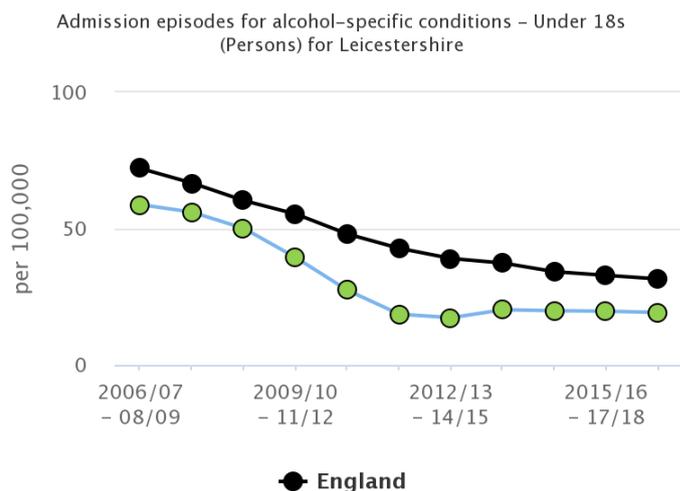
**Figure 54: Trend in substance misuse admissions (15-24-year olds) in Leicestershire**



Compared with benchmark: ● Better ● Similar ● Worse ○ Not compared  
**Source: PHE Fingertips, Children and Maternal Health, HES data**

Figure 55 below shows data for hospital admissions for alcohol-specific conditions. In 2016/17 to 2018/19 the rate was 19.3 per 100,000 population aged under 18 years in Leicestershire and is significantly lower (better) compared to the England rate of 31.6 per 100,000 population under 18 years. Historically rates in Leicestershire have remained significantly lower (better) than in England since 2006/07 to 2008/09.

**Figure 55: Trend in alcohol admissions (under 18-year olds) in Leicestershire**



Compared with benchmark: ● Better ● Similar ● Worse ○ Not compared  
**Source: PHE Fingertips, Children and Maternal Health, HES data**

### 3.10. Child mortality

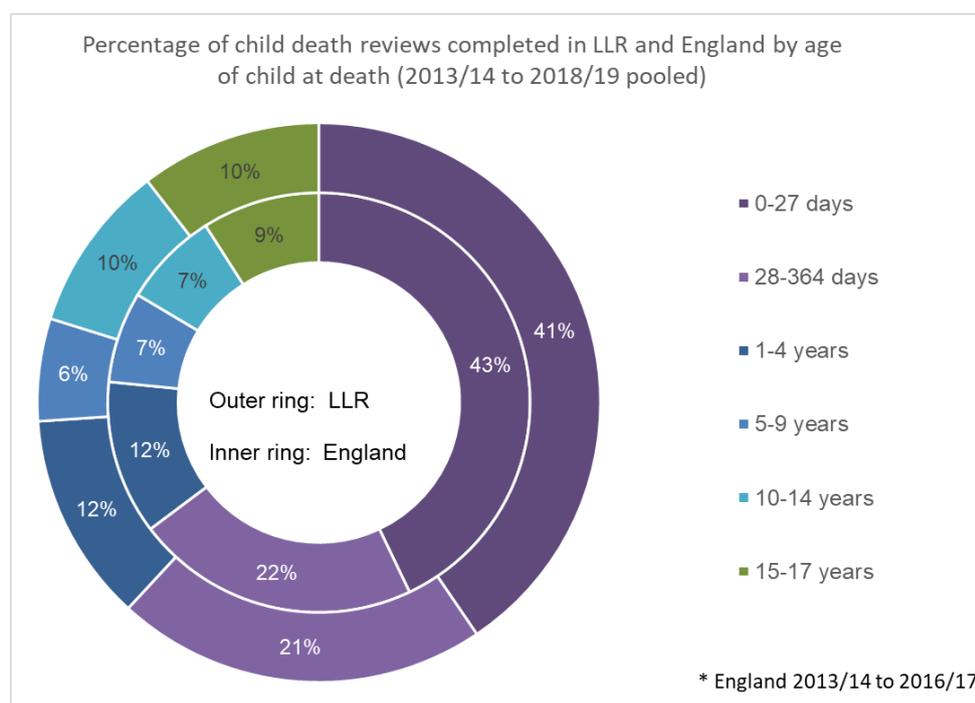
LLR Child Death Overview Panel (CDOP) undertakes a comprehensive and multi-agency review of all child deaths, in order to better understand how and why children across LLR die, with a

view to detecting trends and/or specific areas which would benefit from further consideration. The LLR CDOP has been gathering data since 2009 and been producing annual reports which summarise the data collected in each year. However, detailed analysis and conclusions have been limited due to the fortunately small numbers reviewed on an annual basis.

### 3.10.1. Child death reviews in LLR by age of child at death

Over the period 2013/14 to 2018/19, 41% of child deaths in LLR were for infants under 28 days, a further 21% for infants aged 1-12 months and 12% aged between 1-4 years. These are not significantly different to England.<sup>57</sup>

**Figure 56: Child death reviews in Leicester, Leicestershire and Rutland by age of child at death (2013/14 to 2018/19 pooled)**



**Source: ONS, Mortality Statistics**

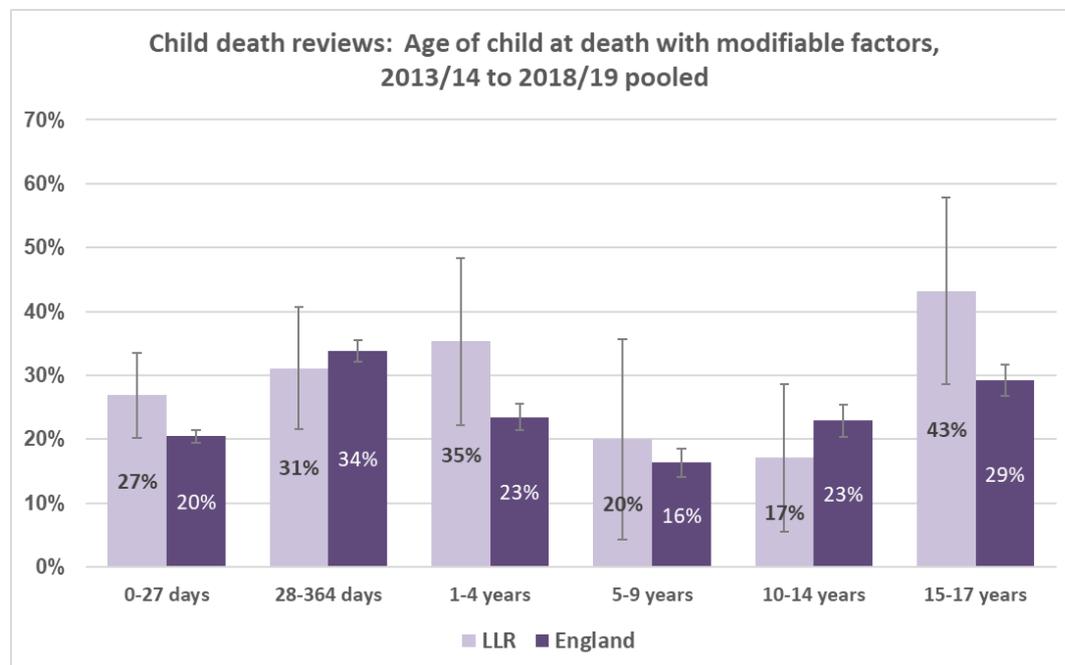
Factors which contribute to neonatal and infant deaths are generally recognised as poverty, infant nutrition, smoking in pregnancy, maternal and infant infections, obesity in mothers and early access to high quality, culturally sensitive maternity care.

Of the 171 cases of neonatal deaths (0-27 days) between 2013/14 to 2018/19, 122 (71%) of these deaths were babies born prematurely.

No age group in LLR has a proportion of modifiable factors which is significantly different to

England. The highest proportion of modifiable factors (43%: 15 cases in total) in LLR were identified in children aged between 15-17 years old. The lowest percentage were in children aged 10-14 years old, 17% were identified as modifiable.<sup>57</sup>

**Figure 57: Child death reviews with modifiable factors by age of child at death (2013/14 to 2018/19)**



Source: ONS, Public Health Mortality Files

#### 4. How does this impact?

Early intervention can help CYP from falling in to crisis and help stop them declining further and/or leading in to long term interventions in adulthood. The estimated annual cost of mental health issues CYP is estimated to be between £11,030 and £59,130 per child.<sup>58</sup>

A good example of where early intervention is paramount is children with conduct disorders, including aggression and anti-social behaviour. The estimated lifetime cost of a one-year cohort is £5.2 billion however the annual cost of crime in England and Wales by adults who had conduct disorders in childhood costs an estimated £60 billion.<sup>59</sup>

Over 150,000 attendances to A&E were due to self-harm in CYP. In 2014-15, the annual cost to the NHS in England and Wales for admissions for CYP who self-harmed was £40 million.<sup>58</sup>

#### 5. Policy and Guidance

The foundations of a healthy and fulfilled adult life are laid in childhood and adolescence. So,

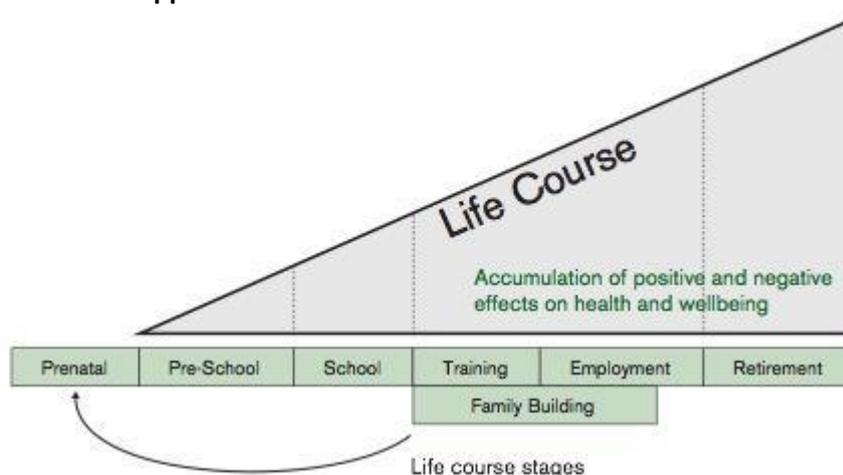
it is important that we try to create a supportive environment to enable CYP to thrive.

This supportive environment can be created through the delivery of key programmes and interventions informed through policy and guidance including:

The 5-19 years are a critical opportunity for building healthy, resilient and capable, young people and adults.

**The Marmot Review**<sup>1</sup> identifies ‘enabling all children, young people and adults to maximize their capabilities and have control over their lives’ as one of its six Policy Objectives to reduce health inequalities and is one of the highest priority objectives in the report. Marmot recommends a ‘Life Course Approach’

**Figure 58: Life course approach**



**Source: Marmot Review**

This Policy Objective aims to:

- Ensure that reducing social inequalities in pupils’ educational outcomes is a sustained priority.
- Prioritise reducing social inequalities in life skills, by:
  - Extending the role of schools in supporting families and communities and taking a ‘whole child’ approach to education
  - Consistently implementing ‘full service’ extended school approaches
  - Developing the school-based workforce to build their skills in working across school– home boundaries and addressing social and emotional development, physical and mental health and well-being.

Increase access and use of quality lifelong learning opportunities across the social gradient, by:

- Providing easily accessible support and advice for 16–25-year olds on life skills, training and employment opportunities
- Providing work-based learning, including apprenticeships, for young people and those changing jobs/careers
- Increasing availability of non-vocational lifelong learning across the life course.

**Bright Future: Children’s Services report**<sup>60</sup> recommended that there should be a stronger focus on outcomes for children, consistently stronger local leadership, a culture of continuous improvement, the right support for children at the right time, a better understanding of what works for children and strengthened morale and support for social workers.

**The Chief Medical Officer Annual Report (2012)**<sup>61</sup> **Our Children deserve better: Prevention Pays** includes many recommendations for Children in the School Years and for Adolescents:

Recommendation 5 includes: PHE should work with local authorities, schools and relevant agencies to build on current efforts to increase participation in physical activity

Recommendation 7: The Social Mobility and Child Poverty Commission and Public Health England should work together to narrow attainment gaps in education

Recommendation 9: The Department of Health, NHS England and Public Health England, should build on the You’re Welcome programme

Recommendation 10: Children with long-term conditions, as vulnerable people, should have a named GP who co-ordinates their disease management.

Recommendation 13: Health Education England, the Department of Health and Public Health England should work to ensure that commissioned education of health professionals stresses the important role of school nurses.

Recommendation 14: PHE should develop and enact a youth social marketing programme, “Rise Above” to engage young people around exploratory behaviours through multiple platforms – this has been completed and is promoted to schools in Leicestershire

Recommendation 16: Public Health England should develop an adolescent health and wellbeing framework which includes the inter-relationships of exploratory behaviours.

Recommendation 17: Public Health England, the PSHE Association and other leading organisations in the field should review the evidence linking health and wellbeing with

educational attainment

**Public Health England carried out a Rapid Review on Safeguarding** to inform the Healthy Child Programme in 2018<sup>62</sup>

The purpose of this rapid review is to update the evidence in relation to safeguarding guidance in the Healthy Child Programme for 5 to 19-year-olds. It synthesises evidence about ‘what works’ in prevention and early intervention about child abuse and neglect, child sexual abuse and exploitation, intimate partner violence (IPV), female genital mutilation (FGM) and gang violence.

### **5.1. Preventing child abuse and neglect**

In brief the review found that:

- universal campaigns with a population-level mass media component to prevent child physical abuse had mixed evidence
- parenting programmes can be successful in preventing child maltreatment, although evidence is stronger for their impact on reducing relevant risk factors and strengthening protective factors
- targeted family-focused interventions are effective in improving different aspects of family functioning that are related to child abuse and neglect
- the limited evidence available suggests that universal school-based interventions to reduce cyber-abuse are ineffective in increasing children’s online protective behaviours but have some positive effects on children’s internet safety knowledge and attitudes
- implementers of interventions to prevent child abuse and neglect need to have appropriate training and support, particularly if the content lies outside their usual range of expertise (which is not uncommon)

**Public Health England carried out a Rapid Review to update the evidence for the Healthy Child Programme**<sup>62</sup>

The Rapid Review looks at the purpose of the high impact areas within the 0-19 Healthy Child Programme and helps to articulate the contribution of Public Health Nurses (health visitors) to the 0-5 agenda and school nurses to the 5-19 agenda and to describe areas where health visitors and school nurses have a significant impact on health and wellbeing and improving outcomes for children, families and communities.

The 5-19 focuses on six high impact areas<sup>63</sup>

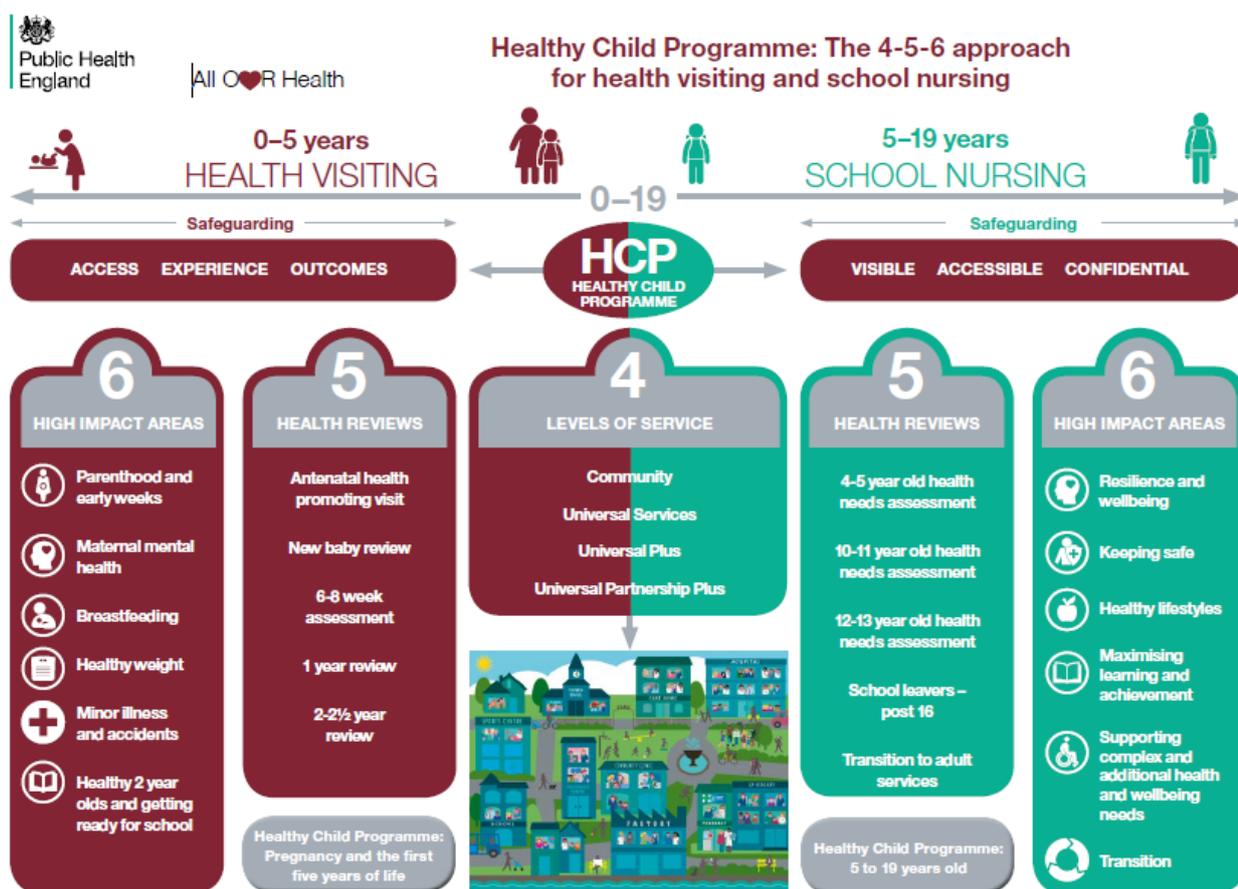
- Resilience and wellbeing
- Keeping Safe
- Healthy Lifestyles
- Maximising learning & achievement
- Supporting complex and additional health & wellbeing needs
- Transition

The High Impact Areas are informed by NICE guidance and underpinned by the four principles of public health nursing. The four contemporary principles were first published in 1977.

The 6 School-aged High Impact areas in ***The Overview of the Six Early years and School Aged Years high impact areas: Health Visitors and School Nurses leading the Healthy Child Programme<sup>64</sup>*** complement the existing Health Visiting High Impact Areas and help School Nurses deliver the Healthy Child Programme 5-19.

*They enable School Nurses and commissioners to focus on health priorities that make a difference to children and young people and on evidence driven interventions to improve outcomes.*

Figure 59: 4.5.6 Health Visitors and School Nurses leading the Healthy Child Programme



Source: Public Health England (PHE)

They complement resources for school aged children published in the school aged children profiles published by the National Child and Maternal Health Intelligence Network in 2017.<sup>5</sup> The key policy drivers for the six High Impact Areas were:

- 5-19 Healthy Child programme
- Mental Health Green Paper<sup>65</sup>
- SEND code of practice<sup>66</sup>
- Childhood Obesity Plan<sup>67</sup> & Childhood Obesity a Plan for Action Chapter 2<sup>67</sup>
- Healthy Child Programme 0-19: health visitor and school nurse commissioning<sup>68</sup>
- Fair society, healthy lives, The Marmot review, 2010<sup>69</sup>
- **Healthy lives, healthy people: Our strategy for public health in England, Department of Health, 2010<sup>70</sup>** This strategy promised to deliver an updated public health system

- **Healthy lives, healthy people: Update and way forward, Department of Health, 2011<sup>71</sup> and Improving Outcomes & supporting Transparency.** In the Healthy Lives, Healthy People: Update and way forward the Government promised to produce several policy updates setting out more detail on the new public health system.
- **Five Year Forward View, NHS England, 2014<sup>72</sup>** This report recognises that the future health of millions of children, the sustainability of the NHS, and the economic prosperity of Britain all now depend on a radical upgrade in prevention and public health. It acknowledges the recommendations of Derek Wanless' health review, which warned that unless the country took prevention seriously we would be faced with a sharply rising burden of avoidable illness.
- **NHS Long Term Plan: NHS England, 2019<sup>73</sup>** This new NHS Long term plan states that it aims to provide a strong start in life for CYP.
- **From evidence into action: Opportunities to protect and improve the nation's health, Public Health England, 2014<sup>74</sup>** This strategic document set out Public Health England's (PHE) priorities for the next 5 years including: 'ensuring every child has the best start in life'
- **Healthy Child Programme 0-19: Health visitor and school nurse commissioning, Public Health England, 2016<sup>75</sup>**
- **Getting it right for children, young people and families: Maximising the contribution of the school nursing team: Vision and call to action, Department of Health, 2012<sup>76</sup>**

This guidance highlights the best practice in school nursing and health visiting to support the delivery of the Healthy Child Programme.

- **Future in mind: Promoting, protecting and improving our children and young people's mental health and wellbeing, Department of Health and NHS England, 2012<sup>77</sup>**

This guidance states that it wants children to grow up to be confident and resilient and that parents and carers need the help they need to support their children.

- **National Study of Health and Wellbeing: Children and Young People NHS Digital 2017<sup>78</sup>**

The 2017 survey aims to find out about the health, development and wellbeing of CYP aged between 2 and 19 years old in England. It will cover around 9, CYP living in private households in England.

## 5.2. Key policy drivers for increasing children and young people's participation in physical activity

- **Sport England Strategy<sup>79</sup>** This Strategy highlights that a person's attitude to sport is often shaped by their experience as a child. Two things matter at this stage, basic competence and enjoyment. It looks at influences on children on a typical day including: advertising, family, teachers and adults, older and younger children, friends, digital and celebrities.
- **Government Strategy<sup>79</sup>** Sporting Future: A New Strategy for an Active Nation; Cross Government Strategy that focuses on five key outcomes of physical wellbeing, mental wellbeing, individual development, social and community development, economic development.
- **Public Health England Strategy<sup>80</sup>** Everybody active, everyday; Framework for Physical Activity – highlights that only 21% boys and 16% of girls aged 5-15 years achieved recommended levels of physical activity.

The Strategy proposes action across four areas (below), at national and local level:

1. Active society: creating a social movement
2. Moving professionals: activating networks of expertise
3. Active environments: creating the right spaces
4. Moving at scale: scaling up interventions that make us active

- **Leicester-Shire & Rutland Sport (LRS)** led on developing Leicestershire's Physical Activity and Sport Strategy 2017-21, which sets out a long-term vision for physical activity and sport, providing a framework for action for local partners.<sup>81</sup>
- **What Works in Schools and Colleges<sup>82</sup>** This proposes that schools adopt a 'Whole School Approach to Physical Activity in Schools'

The eight key principles of the Whole School approach are:

1. Develop and deliver multi-component interventions – adopting a 'whole of community (school/college) approach' appears to be most effective for increasing physical activity: incorporating curricular learning with the culture, ethos and environment and engagement of the wider school community.
2. Ensure skilled workforce - ensuring staff have the confidence and competence to

offer high quality experiences of both physical education and physical activity across the school/college day.

3. Engage student voice - giving students a voice and enhancing their ownership of physical activity delivery to ensure that activities are appropriately tailored to their needs can support participation.

- **Active Lives<sup>83</sup>** The Active Lives surveys measure the activity levels of people across England. There are two surveys: Active Lives Adults and Active Lives – Children & young people which is published annually.
- Since September 2019, the DfE have introduced a new **Healthy schools rating scheme<sup>84</sup>** which is aligned to the Active Lives Survey for children & young people- Schools that participate in the Active Lives survey are also invited to use this ‘self-assessment tool’ designed to help schools to improve the health and wellbeing of their pupils.
- **PHOF data Public Health Profiles<sup>85</sup>** Fingertips is a rich source of indicators across a range of health and wellbeing ... and commissioning to improve health and wellbeing and reduce inequalities.
- **Chief Medical Officer’s Physical Activity Guidelines September 2019<sup>86</sup>**
- CYP should engage in Moderate to Vigorous Physical Activity (MVPA) for an average of at least 60 minutes per day across the week. This can include all forms of activity such as physical education, active travel, after-school activities, play and sports.
  - CYP should engage in a variety of types and intensities of physical activity across the week to develop movement skills, muscular fitness, and bone strength.
  - CYP should aim to minimise the amount of time spent being sedentary, and when physically possible should break up long periods of not moving with at least light physical activity.
- **Statutory Health Education for all Schools from September 2020<sup>87</sup>**

From September 2020 all schools will be required to deliver statutory Health Education including:

- Physical & Mental Health: Primary
- Mental wellbeing

- Internet & safety & harms
- Physical health & fitness
- Healthy eating
- Drugs alcohol and tobacco
- Health & prevention
- Basic first aid
- Changing adolescents' body

### 5.3. Key policies relating to Adverse Childhood Experiences

- **Routine Enquiry about Adverse Childhood Experiences (ACEs) Implementation pack pilot evaluation (final report)**<sup>88</sup> this report highlights strong associations between ACEs and poor social and health outcomes throughout the life course.
- **Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACE) Study**<sup>89</sup>

This study found a strong graded relationship between the breadth of exposure to abuse or household dysfunction during childhood and multiple risk factors for several of the leading causes of death in adults.

### 5.4. Local Policy drivers include:

- **LRS Physical Activity & Sport Strategy**<sup>90</sup>
- **The Leicestershire Children & Families Partnership Plan 2018-2021 including**

**Priority 5 'Enable children to have a good physical and mental health'** – to develop a whole system approach to obesity based on 'Making obesity everyone's business' and to develop a partnership approach to emotional and mental wellbeing based on the ACEs evidence base.

## 6. Current Services

### 6.1. Physical Activity services

The Sport and Physical Activity (SPA) Grant Agreement represents a collaborative commissioning approach use in Leicestershire to link up the physical activity related work of Leicestershire County Council (Public Health and Active travel), Leicester-Shire and Rutland Sport (LRS) and the county's seven district / borough councils and their local leisure centre providers. Each year, districts produce a commissioning plan outlining how they will deliver local programmes and campaigns using the grant funding from Public Health. The commissioning plans are based on the following guiding principles:

- **Targeting those of greatest need:** Funding is distributed on the basis of need, with higher proportions being received by localities with the highest prevalence of health inequalities. Funding is targeted at individuals and communities with the highest need, with programmes targeting inactive participants and priority groups.
- **Evidence Based Approach:** Localities ensure their programmes target unmet need, identified using local and national data. Evidence based approaches are used and implemented using best practice guidance where available.
- **Partnership Approach:** A 'co-design' approach is central, with localities expected to demonstrate how interventions 'join-up' current/planned provision and used multi-agency partnerships to deliver their programmes.
- **Life-Course & Whole System Approach:** There is a move away from a separate child/adult offer with localities expected to demonstrate a life-course approach. Localities are encouraged to take a whole system approach rather than seeing priorities in isolation.

Alongside the guiding principles, the commissioning plan outlines priority work areas which localities must demonstrate that they are delivering against. Examples of this include;

- **School Sport & Physical Activity Programmes; Funding** should be utilised to deliver programmes such as active travel, fundamental movement programmes and targeted physical activity programmes to support the development of a healthy school.
- **Least Active Children, Young People and Adults;** Development and delivery of interventions that target the inactive population within community settings.

- Development and delivery of population-based programmes such as walking / cycling /running / back to sport schemes utilising the Active Together branding. Delivery of tailored rehabilitation referral programmes such as the exercise referral, falls prevention and back pain sessions at a local level.

Other services include:

- School Games / Team Leicestershire: It aims to keep competitive sport at the heart of schools and provide more young people with the opportunity to compete and achieve their personal best.
- Daily Boost: aims to encourage CYP to do 15 minutes of organised activity at school every day, benefiting their long-term physical and mental health and wellbeing.
- Purposeful Physical Play / Physical Activity CPD: high quality training course opportunities and an annual Conference with Awards, that Early Years practitioners or anyone that works with children under the age of 5 can access.
- Satellite Clubs: An extension of a community sports club (hub club), or a 'pop-up club' which is established in a new venue such as a school or college and targets the 14-25 age group
- Twilight Tots: An intergenerational piece of work to enable local settings and care homes to come together to be physically active.
- Active Lives Survey: school-based survey measuring participation in sport and physical activity inside and outside of school as well as attitudes towards sport and physical activity amongst children in school years 1-11.
- Holiday Activities and Families Programme: Working with local partners (Leicestershire County Council, Leicester-Shire & Rutland Sport, Voluntary Action Leicestershire), Barnardo's secured significant funding from the Department for Education to provide a Summer Holiday Activities and Food Programme in 2019, providing activities for those CYP eligible for free school meals.
- Active Families: Active Families is a 4-year project funded by Sport England to engage inactive families in physical activity, creating behaviour change and encouraging families to become more active.

PHE Physical Activity Clinical Champion Training: Supporting health professionals such as midwives, nurses, GP's to have conversations regarding physical activity with their patients.

Weight Management: Supporting the Leicestershire Weight Management Service to integrate physical activity into the children's group-based sessions.

## **6.2. Services commissioned by Leicestershire County Council's Public Health Department:**

The 0-19 Healthy Child Programme is delivered by Leicestershire Partnership NHS Trust's 'Healthy Together' team in Leicestershire. It is an evidence-based programme delivered by Public Health Nurses (Health Visitors & School Nurses). It follows a 4-5-6 model (see Figure 59 for details).

**Levels of Service:** Community Universal/ Universal Plus/ Universal Partnership Plus

**Mandated Contacts:** Ante natal (from 28 weeks of Pregnancy) New Birth Visit (10-14 days) 6-8 weeks/ 1-1/2 years/ 2-1/2 years & the NCMP.

### **High Impact Areas:**

The six high impact areas for school aged CYP are:

- Resilience and wellbeing
- Keeping Safe
- Healthy Lifestyles
- Maximising learning & achievement
- Supporting complex and additional health & wellbeing needs
- Transition

The high impact areas for 5-19-year olds can make a valid contribution to providing children in Leicestershire with the 'Best Start in Life'. Safeguarding is central to the 0-19 Healthy Child Programme. In addition, to the national high impact Area; Oral Health has been identified as a local high impact area for Leicestershire

The High Impact Areas are informed by NICE guidance and underpinned by the four principles of public health nursing.

### **The Core principles of the High Impact areas:**

There are several core principles that are common and assumed in each of the high impact area documents:

Universal services are essential for primary prevention, early identification of need and early intervention. Universal services lead to harm reduction and enable early support pathways to be identified.

Early intervention evidence-based programmes should be used to ensure that needs are identified and met in a timely way.

- All areas focussing on improving health outcomes and reducing inequalities at individual, family and community level
- Outcome measures align between health and education providers and there should be shared outcomes across the system
- Safeguarding is a thread throughout all high impact areas ranging from identification or risk and need, to early help and targeted work, through to child protection and formal safeguarding
- Clinical judgement will be used alongside formal screening and assessment tools
- Health visitors and school nurses have an important role as leaders of the Healthy Child Programme which should form part of the multi-professional care pathways and integration of services for children aged 0-5 and 5-19
- Public health, health promotion, prevention and safety are covered during every contact

Information relating to the Health & Wellbeing of school aged children & young people can be found on the three **Healthy Together websites** including:

Health for under 5's: <https://healthforunder5s.co.uk/>

Health for Kids: <https://www.healthforkids.co.uk/>

Health for Teens: <https://www.healthforteens.co.uk/>

### **Chat Health SMS Service**

Parents of CYP aged 0-19 years can access support and confidential advice about parenting, your child's behaviour, child development, emotional health & wellbeing or just general enquires through the Chat Health SMS Service 07520 615382

And young people can access support and confidential advice about all aspects of health and wellbeing through the Chat Health SMS Service 07520 615387.

## **Year 7/ 9/ 11 Health & Wellbeing Contact in Secondary Schools**

All secondary schools in Leicestershire are offered the opportunity to take part in digital health and wellbeing contacts for years 7, 9, and 11. This contact developed by Healthy Together asks young people about their physical and emotional health and provides them with advice and signposting. Young people raising concerns regarding their health are offered support by a public health nurse in school. Following completion of the contacts schools are provided with reports detailing the health and wellbeing of the year groups taking part.

### **6.3. Oral Health Promotion service**

The Oral Health Promotion Service (provided by Leicestershire County Council's Public Health Department) objectives include:

- To increase awareness and knowledge around oral health promotion amongst the wider public health workforce, including dental practice staff, to ensure they are giving up to date and evidence based oral health messages
- To ensure, in liaison with Public Health Nurses / Healthy Together team (health visitors & School Nurses), that all children receive up to date oral health promotion messages
- To promote access to dentists as soon as the child's teeth are evident and promote oral health preventative treatments in line with Delivering Better Oral Health such as fluoride varnishing.
- To improve the oral health of those groups with the poorest oral health (including CYP in Special schools/ vulnerable adults).

### **6.4. Leicestershire Healthy Schools Programme**

The Leicestershire Healthy Schools Programme uses a Whole School approach to improving health & wellbeing (provided by LCC's Public Health Department).

Participating Schools have to fulfil criteria around the four core themes: emotional and wellbeing/ healthy eating/ physical activity to renew their healthy schools' status and have to achieve meaningful outcomes on a public health priority to achieve Healthy Schools plus.

Schools are supported by Public Health through the website and training:

Leicestershire Healthy Schools [www.leicestershirehealthyschools.org.uk](http://www.leicestershirehealthyschools.org.uk)

On [Healthy Schools Training](#) PSHE, emotional health & wellbeing, healthy eating and physical activity.

## **6.5. Adverse Childhood Experiences – developing a trauma informed approach**

- ACEs and developing a trauma informed approach to care is one of the Priorities of the Children & Family Partnership Plan 2018-2021

## **6.6. Speech and Language Therapy**

The service is provided by Leicestershire Partnership NHS Trust and commissioned by Leicester City CCG (on behalf of Leicester City, West Leicestershire, East Leicestershire & Rutland CCG). It provides a range of services for families, parents, carers to improve children and young people's progress if they have difficulties with:

- speech and language, communication skills
- eating drinking and swallowing skills

The aim is to improve children's progress in these areas to ensure that their potential for learning and social and emotional development is reached, working in partnership with key partners including Children and Family Wellbeing Service, early years settings etc.

## **6.7. SEND Local Offer**

The Leicestershire Local Offer gives CYP with special educational needs or disabilities (SEND) and their families information about help and services in Leicestershire.

*Family Information Directory (FID)* includes information on: play, leisure and recreational activities as well as disability and special educational needs groups, services, etc. (The 'Local Offer').

## **6.8. Children & Family Wellbeing Service (Leicestershire County Council)**

The 0-19 Family and Well-being service since April 2019 has been delivered from 21 Children and Family Well-being Centres. This represents a significant change from the previous model of four separate services (Children's Centres, Youth Offending, Supporting Leicestershire Families and Early Help Information, Support and Assessment) offered through a total of forty different buildings (not including early years services provided by Leicestershire Partnership NHS Trust which were delivered through these settings).

The new 0-19 Family & Wellbeing service is delivered across five steps;

- Front door

- Information, advice and guidance
- Clinics and drop-ins – short-term pieces of work delivered in partnership with other agencies
- Group work/brief intervention
- Intensive Family Support

The service offer includes:

- Behaviour and parenting programmes
- Family support – brief and longer term
- Youth work including 1-1 support and group work
- 0-2 Pathway (1001 Critical Days)
- SEND Short breaks assessment
- Short term support for CYP with lower level mental health difficulties
- Statutory youth justice services
- The service is a partner in the Active Families programme seeking to increase levels of activity for families.

### **Anti-Bullying Services for 5-19s**

**Leicestershire Anti-Bullying Team** (Leicestershire Children & Family Service, Safeguarding & Improvement Service) provide:

- [www.beyondbullying.com](http://www.beyondbullying.com) – Leicestershire’s anti-bullying online hub with information, advice & an ‘Ask Us’ section. The website has a specific section for young people.
- Beyond Bullying Award is Leicestershire’s anti-bullying accreditation for schools – this recognises embedded anti-bullying practice in schools & ensures proactive strategies as well as reactive strategies to prevent & tackling bullying. One section of the award focusses on pupil’s voice to ensure that young people are involved in having a say and taking a lead on anti-bullying work in their school.

- The team are supporting primary schools to deliver ‘Everyone’s Welcome’ using the No Outsiders approach to teach about the Equality Act in schools, with a focus on valuing diversity and celebrating difference.
- Restorative Approaches – the team are working with schools to develop restorative approaches – providing positive & peaceful learning environments in schools and providing young people with skills & strategies to manage conflict & resolve differences.
- The team lead on the Stonewall CYPS Champions Award for Leicestershire - working to ensure LGBTQ inclusion is at the heart of Children and Young People’s Services; to support vulnerable LGBTQ CYP as well as improve their health and wellbeing.

### 6.9. Leicestershire Police

- Delivery of knife crime awareness programmes in schools by trained police officers
- Knife Crime Youth Forum- ideas and strategies to reduce violent crime
- Lives not Knives campaign
- Street Doctors- teaching young people to deliver first aid following a violent incident
- E2 Street mentors Loughborough
- Words over Weapons (Home Office)

### 6.10. Early Intervention Service (Mental Health) Relate

Time for you service: family therapy & 121 counselling

### 6.11. NHS England and NHS Improvement

Commission the delivery of the following vaccinations to school-aged CYP.

Figure 60: Vaccinations available to school children and young people

Age	Vaccines
2 to 10 years	<a href="#">Flu vaccine</a> (every year)
12 to 13 years	<a href="#">HPV vaccine</a>
<u>14 years</u>	<a href="#">3-in-1 teenage booster</a> <a href="#">MenACWY</a>

Source: NHS England, 2017

## 6.12. Voluntary Sector Services

The voluntary sector provides services for 5-19-year olds in Leicestershire. Here is a copy of their Directory <http://www.valdirectory.org.uk/>

Voluntary Action Leicestershire (VAL) provides support to local charities, community groups, statutory organisations and Government to influence how services for children, Young people, and families can be delivered by the Voluntary Sector in Leicestershire. They facilitate and host a Network meeting every quarter for voluntary sector groups and organisations to encourage discussion relating to Children, Young people and Families, in local communities.

### **UAVA Ltd (United Against Violence & Abuse)**

Is contracted to deliver sexual and domestic violence support from the age of 13. <http://www.uava.org.uk/ourservices/>

### **Turning Point**

Is commissioned by Public Health to provide **substance misuse treatment** services support to young people <http://wellbeing.turning-point.co.uk/leicestershire/our-services/young-people/>

### **Inspire**

A targeted intervention delivered in secondary schools. It works with young people who have been identified to be at risk of being disengaged.

### **The Laura Centre – Bereavement Support, emotional health and wellbeing**

The service offers support and help to bereaved children and parents exploring difficult, and often painful, emotions and experiences. This may include feelings of anxiety, depression, trauma, or perhaps the loss of meaning of the bereaved person's life.

### **Family Action – Post sexual abuse, emotional health and wellbeing**

The service offers a customised package of support for the child and family, tailored to specific needs in relation to sexual abuse. The service recognises that sexual abuse can have a very damaging and long-lasting impact on emotional and mental health and that problems caused by the abuse are often linked to the atmosphere of secrecy within which it is perpetrated. The service aims to use group work interventions in order to link children up with each other and to demonstrate to them that they are not alone, abnormal or unworthy

of friendship and positive social interactions. However, the service also recognises that some children find it hard to cope in a group or are not yet ready to work on their abuse in the presence of others. Equally, some may have very particular issues or needs which could not easily be dealt with in a group work setting.

#### **Barnardo's – Young carers, emotional health and wellbeing**

The service offers one-to-one support and group activities to build self-esteem and assist young carers with issues in relation to their caring responsibilities.

#### **Rainbows – Palliative care, physical, emotional health and wellbeing**

The service provides specialist palliative short breaks, emergency symptom control and end of life care and bereavement support to CYP with life limiting or life-threatening conditions and their families.

### **6.13. Services commissioned by Leicester City CCG on behalf of the Leicester City, West Leicestershire & East Leicestershire CCG: Community Health Services & Services provided by the University Hospitals of Leicester.**

#### **Community Health services for Children & Young People:**

##### **Children's Community Nursing Service**

The Children's Community Nursing service provides care and support for children and families requiring special nursing care in a community setting. The service provides a number of interventions including:

- Acute and Continuing Care (Diana Complex Care packages)
- End of Life care
- Macmillan
- Training for professional carers
- Respiratory Physiotherapy
- Cultural support worker
- Tracheostomy/Nasopharyngeal airway
- Central Venous Access Device
- Enteral feeding devices
- Home oxygen/long term saturation monitoring
- Long term sub cutaneous device
- Oncology, in conjunction with the tertiary centre
- Children's Community Continence service
- Other complex needs which may be identified by the service as requiring input

Work has continued through 2019/20 to review the services and amend current service specification. Further review of the complex care service will take place in 2020/21

### **Phlebotomy Service for children and young people**

The Children and Young Persons Community Phlebotomy Service provides a phlebotomy provision to all 0 to 16-year olds registered with a GP within LLR. It is committed to deliver a high-quality phlebotomy service for children who require routine, urgent and fasting bloods. It is anticipated that the service will see over 7,000 children a year who require a blood test.

Further work has been completed in 2019/20 to move the Blood Bourne Virus testing out of University hospital of Leicester to the community Phlebotomy service to deliver a more efficient and effective service.

### **Children's Community Occupational Therapy Service**

Children's Community Occupational Therapy Service is provided for CYP with disorders or delays that limit their functional abilities and independence who will benefit from occupational therapy. Occupational therapy staff work in a multi-agency context with partners in education, social services and acute hospital trusts. Areas of specialist skill and knowledge in the service are shared for consultation in areas such as specific treatment approaches, orthopaedic consultations and behavioural strategies.

### **Children's Community Physiotherapy Service**

Children's Community Physiotherapy Service is provided for CYP with disorders or delays in their movement skills who will benefit from physiotherapy. Physiotherapy staff work in a multi-agency context with partners in education and acute hospital trusts. Areas of specialist skill and knowledge in the service are shared for consultation in areas such as specific treatment approaches, orthopaedic consultations etc.

### **Speech and Language Service for Families, Young People and Children**

Speech and language therapists and support workers who provide services to CYP across LLR. The service works in partnership with a range of other agencies and colleagues including schools, Early Years settings, children's centres, physiotherapists, occupational therapists, medical teams and the voluntary sector.

The team works across a wide range of specialist areas such as specific language difficulties, cleft lip and palate, voice, learning disability, autism, stammering, signing and communication aids.

## **Community Paediatricians**

LLR community paediatric clinics are delivered through staff employed at LPT. The community paediatric team offers specialist service to CYP residing in LLR for various health needs. Assessments and treatment are being delivered within the 18-week referral to treatment target.

## **Looked After Children's Team**

Provides specific services to address health needs of LAC in LLR These are monitored by The Designated Nurse for LAC who sits within the CCG.

## **University Hospitals of Leicester**

A number of CYP services are provided by our local acute care trust, *University Hospitals Leicester (UHL)*. These include:

### **6.13.1. Children's Emergency Department**

The Children's Emergency Department opened in July 2018, integrating a single triage and assessment process along with primary care (GP), emergency care and short stay assessment facilities.

### **6.13.2. East Midlands Children's and Young Persons' Integrated Cancer Service (EMCYPICS)**

The East Midlands Children's and Young Persons' Integrated Cancer Service (EMCYPICS) is an integrated service for the investigation of CYP (0 - 18 years) with suspected cancer and the treatment of those diagnosed with cancer. The team shares patients' care with the Paediatric Oncology Shared Care Units at Northampton General Hospital and United Lincolnshire Hospitals (Lincoln and Boston) when appropriate and works closely with other district general hospitals and community teams throughout the East Midlands.

### **6.13.3. East Midlands Congenital Heart Centre**

The East Midlands Congenital Heart Centre consists of a dedicated paediatric intensive care unit, a children's cardiac ward, catheter lab, and theatre and outpatient department. Cardiologists also provide an extended service that enables families to be seen and cared for closer to their homes. Paediatric outpatient clinics are held at Glenfield Hospital and at Nottingham, Derby, Lincoln, Grantham, Boston, Mansfield, Peterborough and Kettering.

Service include: -

- Paediatric Intensive Care Unit

- Foetal cardiac service
- Outpatients
- Ward 30 - children's cardiac ward
- Surgery
- ECMO
- Clinical Psychology Service
- Cardiac Investigations Department

#### **6.13.4. Extracorporeal Membrane Oxygenation (ECMO)**

Europe's largest ECMO centre is based at Glenfield Hospital in Leicester. It is one of only four ECMO centres in the UK, where babies and children with serious conditions which prevent their lungs or heart from working normally are treated.

The hospital is registered with Extracorporeal Life Support Organisation (ELSO) and is one of the world's most experienced hospitals in using ECMO.

#### **6.13.5. Children's Research at University Hospitals of Leicester**

The Children's Research Team works across all areas of the Children's Hospital and supports research studies for CYP from birth up to their 19th birthday.

A new Children's Research Facility (CRF) officially opened in June 2017. Research Space was purpose built for CYP who are taking part in research studies. The facility includes specialist sensory equipment, including an interactive floor projection system and a 3D interactive distraction system.

#### **6.13.6. Children's orthopaedics**

Orthopaedics is the medical specialty that focuses on injuries and diseases of the musculoskeletal system. This complex system includes bones, joints, ligaments, tendons, muscles, and nerves.

#### **6.13.7. Paediatric neuropsychology**

The paediatric neuropsychology service specialises in assessing children's learning and behavioural difficulties associated with a neurological problem.

### 6.13.8. Sickle Cell and Thalassaemia Service

This service works as a network across the East Midlands, with other specialist services offered from Nottingham University Hospitals NHS Trust.

Who is the service for?

- Children with any type of haemoglobin disorder such as sickle cell, thalassaemia or related conditions.
- Antenatal women with abnormal haemoglobin who are booked to deliver within Leicester and Leicestershire.
- New-born babies identified as having a major haemoglobin disorder or found to be a carrier of abnormal haemoglobin following new- born screening.

Leicester Children's Hospital also offers Specialist Services in but not limited to Respiratory, gastroenterology, Dermatology, Neurology, Pain Management, Endocrinology, Surgical interventions across an area of specialities and Infectious diseases

## 7. Unmet needs/Gaps

Despite Leicestershire being generally more affluent than the England average there are still significant numbers of children living in poverty, at risk of homelessness and exposed to the impacts of domestic violence. To have a real impact on the future and lifelong physical and emotional health and wellbeing of CYP and to reduce health inequalities there needs to be partnership working across all services and sectors (including children, young people and families) to address the social and wider determinants of health.

We need to advocate a focus on prevention as well as early intervention and treatment – both in physical and emotional health. Prevention should be targeted effectively, underpinned by the principle of proportionate universalism.

ACEs has an emerging evidence base and increasing awareness of its impact on health and wider social and economic outcomes. However, there are still gaps in understanding and there needs to be genuine 'buy in' and agreement of a whole systems approach (and the adoption of an evidence-based framework (and the adoption of an evidence-based framework such as the TASC Model.) to understanding need and developing trauma informed, trauma safe and trauma smart approaches. This includes an understanding of and the ability to address Adverse Community Environments such as poverty, discrimination, community disruption, lack of opportunity, economic mobility and social capital, poor housing quality and affordability, violence.

There is work starting to address Violence Reduction (including knife crime) through the

Violence Reduction Unit but this requires further development and the full adoption of a 'Public Health approach to violence / knife crime' by all partners.

We also need to address the 'hidden harm' of parental substance misuse and alcohol use.

There needs to be more of a focus on life outside school/ education settings and an acknowledgment of the need for continuing support for parents recognising the role of good parenting even as young people develop independence.

Support is needed to ensure that all schools are preparing for the implementation of statutory Relationships, Sex & Health Education (RSHE) – quality of provision and readiness of this statutory requirement from September 2020 in schools is variable. All CYP should be supported to develop through a spiral curriculum approach to RSHE and a whole school approach to emotional health and wellbeing.

The needs of CYP should be assessed at school level - both primary and secondary age through regular surveys of the health and wellbeing of children. Year 7, 9, and 11 student health & wellbeing surveys have been introduced in secondary schools – school uptake and participation in these surveys needs to increase, and a similar survey should be introduced in primary. The results of these pupil/ student surveys should be used in conjunction with the School Health Profiles to identify the health needs within individual schools and district and family of school clusters.

We need to ensure that children, young people and families are involved more in shaping programmes and services. This can be through CYCLe (County Youth Council for Leicestershire) Leicestershire Children in Care Council but also through programmes such as 'young ambassadors' to gain insight into what is important for and what works for young people

Oral health is still a significant health issue for CYP in Leicestershire with many of the factors affecting oral health being linked to deprivation. Tooth decay is largely preventable and has a substantial effect on a child's wellbeing, so we need to continually strive to improve the oral health of CYP in Leicestershire and reduce the level of decayed, missing and filled teeth.

We need to promote healthy weight (addressing both underweight, overweight and obesity) as being the norm. This makes it easier for everyone, regardless of age, background, circumstances or where they live, to access healthier food, eat healthier diets and active lifestyles, and ensures support available for CYP with excess weight or underweight. We can achieve this through collective action across the system, in partnership with local communities and through the development of the Leicestershire Healthy Weight Strategy 2020- 2024.

We need to support young people to prepare for adult life and develop plans to minimise the risk of suicide at this age as well as broader approaches to build on the principles of ‘healthy, happy and safe’. We need to help young people to form positive health behaviours that stay with them for the rest of their lives and which can be passed on to future generations.

The prevalence of physical inactivity is an issue – schools should continue to be recruited to participate in the Whole School Approach to Physical Activity Programme to focus on more schools achieving 30 minutes of activity per day, targeting fundamental movement skills to CYP at risk of poor development. Being active outside of the school setting should also be encouraged, with families being supported to be active together.

## 8. Recommendations

1. A ‘health in all policies’ approach should be taken across all agencies with the aim of impacting positively on the wider health and social determinants that we know have an impact on the health and wellbeing of CYP. These wider determinants include: family poverty/ deprivation, education (school readiness/ attainment/ absence/ exclusions) access to housing and food security/ insecurity.
2. There should be a focus on health inequalities, with everyone working together to tackle health inequality so that it becomes part of everyday work. A shared vision should be developed which brings together groups, individuals and organisations which should include a drive to improve the quality of universal services that have an impact on health, particularly in poorer communities within the county.
3. Continue to support the implementation of the Leicestershire Children and Families Partnership Action Plan 2018-2021, with a focus on:

*Adverse Childhood Experience* and the multiagency adoption and implementation of the Trauma Aware Systems Change Model (TASC) including:

- Increased access to intervention - psycho social and peer support/ therapies
- Prevention – trauma sensitive schools, antenatal, parenting and family support
- Governance – through the Children & Families Partnership Board, shared goals and vision
- Commissioning - driven service and culture reform
- Workforce - personal and professional development

- Community engagement & empowerment- messaging and asset building
4. Improve multi-agency working to prioritise Violence Reduction and to develop a Public Health Approach to reducing Violence/ Knife Crime across Leicestershire (and Leicester City & Rutland) through the Violence Reduction Network. In addition, support the Advanced Life-skills Programme for Leicestershire Schools to tackle violent youth crime (funded through the Youth Endowment Fund).
  5. Asset based approaches should be used to mobilise the skills and knowledge of children, young people and families as well as the resources and connections within communities and organisations. This approach could help to identify and create positive community activities for CYP to participate and be involved in to enrich their lives outside school.
  6. We need to ensure that children, young people and families are meaningfully involved in shaping programmes and services and regardless of the engagement methodology, groups should be representative of the cohort in question.
  7. The development and implementation of a Pupil Health and Wellbeing Survey / health and wellbeing contact for Primary Schools (like the Year 7, 9, and 11 Student Health and Wellbeing Surveys) should be considered, to identify the health and wellbeing needs of primary aged children and to inform School Health Profiles. Secondary Schools should be encouraged to participate in the year7/9 and 11 health & wellbeing surveys.
  8. The development of an oral health campaign should be supported, using behavioural insights and social marketing as well as using the emerging evidence from NHS England's Children's Oral Health Campaigns and the Change4Life Social Marketing campaign.
  9. Schools should continue to be supported through the Leicestershire Healthy Schools Programme (and the Healthy Schools Rating Scheme) and the PSHE & PE Coordinator Networks to prepare for statutory RSHE and to be able to deliver high quality within broader context and framework of Personal Social Health Education (including the new curriculum relating to physical health).
  10. Ensure that Leicestershire Weight Management Services for Children & Young People also provide support and advice for those children and young people who are underweight as well as those who are overweight and obese and ensure that services reach out to BAME groups and more deprived groups.

11. Support should be given to programmes that address family holiday hunger and schools should be supported to increase the uptake of free school meals as a way of addressing food poverty.

12. Campaigns and social marketing programmes that promote healthy weight and healthy lifestyles including physical activity and healthy eating such as Change4Life and This Girl Can (14 -60 years) should be actively promoted and a physical activity campaign linking into the Chief Medical Officer Physical Activity Guidelines using the 'Make your Move' resources should be developed.

### 13. Recommendations related to Covid19

During the writing of this chapter, the coronavirus pandemic has disrupted the life of every child in the country, including children, young people and families in Leicestershire. It is an unprecedented public health emergency, which also challenges our society and our economy. It will be important within the coming week, months and even years that we carefully monitor the impact of covid19 on the health and wellbeing of children, young people and families and look to:

- Identify support mechanisms for children and families facing financial insecurity because of the crisis- to prevent child poverty reaching a record high.
- Work in partnership to keep Children & Young People safe, whether they continue to attend school or are staying at home, particularly those at risk of abuse or neglect and those with special educational needs
- Support the Mental Health & Wellbeing of children (and families) throughout this crisis and consider using The Children's Society's 'Good Childhood Index' ( multi item measure of satisfaction with the 10 domains including: Home, Family, Friends, School, Money, Choice, Health, Future, Appearance, Time Use) as a means of identifying the significant challenges that CYP may have to overcome (<https://www.childrensociety.org.uk/what-we-do/research/well-being/background-programme/good-childhood-index>)
- To support the maintenance and improvement of children's level of wellbeing, promote the use of the 'five ways to wellbeing' which are: Connect, Keep Learning, Take Notice, Be active and Be Creative
- Healthy Movement behaviours among children should be promoted during the Covid19 pandemic which will help to maintain physical and mental health.
- Consider the impact of Covid19 on the social determinants of health and work in partnership to address and mitigate against potential negative impact.

## GLOSSARY OF TERMS

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ACEs	Adverse Childhood Experiences
ADD	Attention Deficit Disorder
ADHD	Attention deficit hyperactivity disorder
A&E	Accident and Emergency
BAME	Black, Asian & minority ethnic
CCG	Clinical Commissioning Group
CDOP	Child Death Overview Panel
CSE	Child Sexual Exploitation
CYCLe	County Youth Council for Leicestershire
CYP	Children and Young People
dmft	decayed, missing or filled teeth
EMCYPICS	East Midlands Children’s and Young Persons’ Integrated Cancer Service
IDACI	Income Deprivation Affecting Children Index
JSNA	Joint Strategic Needs Assessment
KS1	Key Stage 1
KS2	Key Stage 2
LAC	Looked After Children
LGBTQ	Lesbian Gay Bi Trans & Questioning
LLR	Leicester, Leicestershire and Rutland
LSOA	Lower Super Output Area
NCMP	National Child Measurement Programme
NDTMS	National Drug Treatment Monitoring System
NEET	Not in Education, Employment or Training
NHS	National Health Service
NICE	National Institute for Health and Care Excellence
PHE	Public Health England
PSHE	Personal, Social and Health Education
RSHE	Relationships, Sex & Health Education
SEN	Special Educational Needs

TASC	Trauma Aware Systems Change Model
UAVA	United Against Violence and Abuse
VAL	Voluntary Action Leicestershire
WAY	What About YOUTH Survey

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## REFERENCES

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- <sup>1</sup> Marmot (2010). Fair society, healthy lives. Available at: <https://www.parliament.uk/documents/fair-society-healthy-lives-full-report.pdf>
- <sup>2</sup> Index of Multiple Deprivation 2019. Ministry of Housing, Communities & Local Government. Available at: <https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019>
- <sup>3</sup> Office for National Statistics (2019). Lower Layer Super Output Populations Estimates, 2018. Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/lowersuperoutputareamidyearpopulationestimatesj>
- <sup>4</sup> UNICEF (1989). The Rights of the Child. Available at: <https://www.unicef.org.uk/what-we-do/un-convention-child-rights/>
- <sup>5</sup> Public Health England (2019). Child and Maternal Health Profile. Available at: <https://fingertips.phe.org.uk/profile/child-health-profiles>
- <sup>6</sup> Census (2011). Available at PHE Fingertips, Children and Young People's Mental Health and Wellbeing.
- <sup>7</sup> Nomis – Official Labour Market Statistics (2019). Labour Market Profile – Leicestershire. Available at: <https://www.nomisweb.co.uk/reports/lmp/la/1941962808/report.aspx?#ls>
- <sup>8</sup> Council of Europe (2016).  
The situation of Roma and Travellers<sup>1</sup> in the context of rising extremism, xenophobia and the refugee crisis in Europe. Available at: <https://rm.coe.int/1680718bfd>
- <sup>9</sup> Priebe S, Giacco D, El-Nagib R. Public health aspects of mental health among migrants and refugees: a review of the evidence on mental health care for refugees, asylum seekers and irregular migrants in the WHO European Region.
- <sup>10</sup> Mermon A., Taylor K., Mohebbati L.M et al. (2016). Perceived barriers to accessing mental health services among black and minority ethnic (BME) communities: a qualitative study in Southeast England. *BMJ Open* 2016.
- <sup>11</sup> Guasp, A. The School Report. The experiences of gay young people in Britain's schools in 2012. Cambridge: Stonewall; 2012. [www.stonewall.org.uk/sites/default/files/The\\_School\\_Report\\_\\_2012\\_.pdf](http://www.stonewall.org.uk/sites/default/files/The_School_Report__2012_.pdf).
- <sup>12</sup> HM Parliament (2016) Armed Forces: Children: Written question – 45675 [www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2016-09-08/45675](http://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2016-09-08/45675).
- <sup>13</sup> MoD (2015) Tri-Service Families Continuous Attitude Survey 2015 [www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/449607/Tri-Service\\_families\\_continuous\\_attitude\\_survey\\_2015\\_main\\_report.pdf](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/449607/Tri-Service_families_continuous_attitude_survey_2015_main_report.pdf).
- <sup>14</sup> NICE. Prevention of sexually transmitted infections and under 18 conceptions. NICE guidelines (PH3). London: National Institute for Health and Clinical Excellence, 2007 (cited 2015 Oct 16). Available at: [www.nice.org.uk/guidance/PH3/chapter/About-this-guidance](http://www.nice.org.uk/guidance/PH3/chapter/About-this-guidance)
- <sup>15</sup> NICE. Contraceptive services with a focus on young people up to the age of 25. NICE guidelines (PH51). London: National Institute for Health and Care Excellence, 2014 (cited 2015 Oct 16). Available at: [www.nice.org.uk/guidance/ph51](http://www.nice.org.uk/guidance/ph51)
- <sup>16</sup> NICE (2012). Social and emotional wellbeing: early years. Available at <https://www.nice.org.uk/guidance/ph40>
- <sup>17</sup> Ballard, C. Davies, R. (2009). Postnatal Depression in fathers. *International review of Psychiatry*. Available at <https://www.tandfonline.com/doi/abs/10.3109/09540269609037818>

- 
- <sup>18</sup> Office for National Statistics (2019) Available at: <https://fingertips.phe.org.uk/>
- <sup>19</sup> NOMIS (2019). Census 2011 Available at: <https://www.nomisweb.co.uk/query/select/getdatasetbytheme.asp?theme=75&subgrp=Detailed+Characteristics>
- <sup>20</sup> Public Health England (2018). Common Mental Health Disorders Profile. Available at: <https://fingertips.phe.org.uk/profile-group/mental-health/profile/common-mental-disorders>
- <sup>21</sup> Howard LM, Oram S, Galley H, Trevillion K, Feder G. Domestic violence and perinatal mental disorders: a systematic review and meta-analysis. *PLOS Medicine*. 2013;10(5):e1001452. doi: 10.1371/journal.pmed.1001452.
- <sup>22</sup> NICE. Domestic violence and abuse: how health services, social care and the organisations they work with can respond effectively. NICE guidelines (PH50). London: National Institute for Health and Care Excellence, 2014 (cited 2015 Jul 15). Available at: [www.nice.org.uk/guidance/ph50](http://www.nice.org.uk/guidance/ph50)
- <sup>23</sup> PHE Fingertips (2019). Crisis care profile. Available at <https://fingertips.phe.org.uk/profile-group/mental-health>
- <sup>24</sup> Rayns G, Dawe PS, Cuthbert C. All babies count: spotlight on drugs and alcohol. London: NSPCC, 2013 (cited 2015 Jul 22). Available at: [www.nspcc.org.uk/services-and-resources/research-and-resources/2013/all-babies-count-drug-alcohol/](http://www.nspcc.org.uk/services-and-resources/research-and-resources/2013/all-babies-count-drug-alcohol/)
- <sup>25</sup> NICE. Alcohol-use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence. NICE guidelines (CG115). National Institute for Health and Clinical Excellence, 2011 (cited 2015 Jul 15). Available at: [www.nice.org.uk/guidance/cg115](http://www.nice.org.uk/guidance/cg115)
- <sup>26</sup> Advisory Council on the Misuse of Drugs. Hidden harm- responding to the needs of children of problem drug users. London: Advisory Council on the Misuse of Drugs, 2011 (cited 2015 Jul 22). Available at: [www.gov.uk/government/publications/amcd-inquiry-hidden-harm-report-on-children-of-drug-users](http://www.gov.uk/government/publications/amcd-inquiry-hidden-harm-report-on-children-of-drug-users)
- <sup>27</sup> Kolar, A F, Brown, B S, Haertzen, C A and Michaelson, B S. (1994). Children of substance abusers: The life experiences of children of opiate addicts in methadone maintenance. *American Journal of Drug and Alcohol Abuse*, 1994; 20: 159–71.
- <sup>28</sup> National Treatment Agency for Substance Misuse. Parents with drug problems: how treatment helps families. London: NTA, 2012 (cited 2015 Nov 24). Available at: [www.nta.nhs.uk/uploads/families2012vfinali.pdf](http://www.nta.nhs.uk/uploads/families2012vfinali.pdf)
- <sup>29</sup> Public Health England (2018) Children and Young People's Mental Health and Wellbeing. Available at: <https://fingertips.phe.org.uk/cypmh#page/0/gid/1938133095/pat/6/par/E12000004/ati/102/are/E10000018>
- <sup>30</sup> Public Health England (2018) Adults – drugs commissioning support pack 2019-20: key data. National Drug Treatment Monitoring Service
- <sup>31</sup> Leicestershire and Rutland (2019) Joint Strategic Needs Assessment 2018-2021. Available at: <http://www.lsr-online.org/uploads/substance-misuse-in-adults.pdf>
- <sup>32</sup> Royal College of Psychiatrists (2019). Available at: <https://www.rcpsych.ac.uk/mental-health/parents-and-young-people/information-for-parents-and-carers/divorce-or-separation-of-parents--the-impact-on-children-and-adolescents-for-parents-and-carers>
- <sup>33</sup> Public Health England (2019). Perinatal Mental Health Profile. Available at: <https://fingertips.phe.org.uk/profile-group/mental-health/profile/perinatal-mental-health>

- 
- <sup>34</sup> NHS Health Education England, The Young Minds Trust (2018) “Addressing Adversity” at <https://youngminds.org.uk/media/2142/ym-addressing-adversity-book-web.pdf>
- <sup>35</sup> Department for Education (2019). PHE Fingertips Child and Maternal Profile. Available at: <https://fingertips.phe.org.uk/profile/child-health-profiles>
- <sup>36</sup> Children’s Society (2019). Available here <https://www.childrenssociety.org.uk/youngcarer/health-and-mental-health>
- <sup>37</sup> National Bureau of Statistics (2011). Census data. Available at: <https://www.ons.gov.uk/census/2011census/2011censusdata/2011censusdatacatalogue>
- <sup>38</sup> Carers Trust Survey (2016). Available at: <https://professionals.carers.org/young-carers-and-bullying>
- <sup>39</sup> SEN needs code of practice (2015). Available at: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/398815/SEND\\_Code\\_of\\_Practice\\_January\\_2015.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/398815/SEND_Code_of_Practice_January_2015.pdf)
- <sup>40</sup> Mental Health Organisation (2019). Children and Young People with Learning Disabilities - Understanding their Mental Health. Available at: <https://www.mentalhealth.org.uk/sites/default/files/children-and-young-people.pdf>
- <sup>41</sup> NICE. Looked-after children and young people. NICE guidelines (PH28). London: National Institute for Health and Clinical Excellence, 2010 (cited 2015 Jun 17). Available at: [www.nice.org.uk/guidance/ph28](http://www.nice.org.uk/guidance/ph28)
- <sup>42</sup> NICE. Tailored resource for corporate parents and providers on health and wellbeing of looked-after children and young people. London: National Institute for Health and Care Excellence, 2014 (cited 2015 Jul 22). Available at: [www.nice.org.uk/about/nice-communities/social-care/tailored-resources/lacyp](http://www.nice.org.uk/about/nice-communities/social-care/tailored-resources/lacyp)
- <sup>43</sup> NICE. When to suspect child maltreatment. NICE guidelines (CG89). London: National Institute for Health and Clinical Excellence, 2009 (cited 2015 Jul 15). Available at: [www.nice.org.uk/guidance/cg89](http://www.nice.org.uk/guidance/cg89)
- <sup>44</sup> Leicestershire Police (2019). Child sexual exploitation crimes and incidents in 2017/18.
- <sup>45</sup> Mental health organisation, mental health needs of young offenders (2000) at [https://www.mentalhealth.org.uk/sites/default/files/mental\\_health\\_needs\\_young\\_offenders.pdf](https://www.mentalhealth.org.uk/sites/default/files/mental_health_needs_young_offenders.pdf)
- <sup>46</sup> Annual Report of the Chief Medical Officer (2012). Our Children Deserve Better: Prevention Pays. Available at: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/252662/33571\\_2901304\\_CMO\\_Chapter\\_12.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/252662/33571_2901304_CMO_Chapter_12.pdf)
- <sup>47</sup> Public Health England. Public Health Outcomes Framework. (2018). Available at: <http://www.phoutcomes.info/>
- <sup>48</sup> PHE (2014). Local action on health inequalities: Reducing the number of young people not in employment, education or training (NEET). Available at: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/356062/Review\\_3\\_NEETs\\_health\\_inequalities.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/356062/Review_3_NEETs_health_inequalities.pdf)
- <sup>49</sup> James, M, Parkhurst, A. Paxman, J. (2018). “Tackling Obesity What the UK can learn from other countries”. 2020 Health, April 2018. Available at: [http://2020health.org/dms/2020health/downloads/reports/2020health\\_tacklingobesity\\_FINAL.pdf](http://2020health.org/dms/2020health/downloads/reports/2020health_tacklingobesity_FINAL.pdf)
- <sup>50</sup> PHE (2017). Health matters: obesity and the food environment. Available at: <https://www.gov.uk/government/publications/health-matters-obesity-and-the-food-environment/health-matters-obesity-and-the-food-environment--2>
- <sup>51</sup> NHS Digital (2019) Statistics on Obesity, Physical Activity and Diet, England 2019. Available at:

---

<https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-obesity-physical-activity-and-diet/statistics-on-obesity-physical-activity-and-diet-england-2019/part-5-adult-physical-activity#childhood-physical-activity>

<sup>52</sup> Office of National Statistics (2019). Mid-2018 Population Estimates. Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/analysisofpopulationestimatestool>

<sup>53</sup> Public Health England. NHS Dental Epidemiological Oral Health Survey of 5-year-old children in England 2018/19. (2019). Available at: <https://www.gov.uk/government/statistics/oral-health-survey-of-5-year-old-children-2019>

<sup>54</sup> NHS Digital (2019). National Child Measurement Programme 2018/19.

<sup>55</sup> Sport England (2019). Active lives survey.

<sup>56</sup> HES (2016). Re used with permission from NHS Digital. Available at:

<https://fingertips.phe.org.uk/search/a%20and%20e%20admissiosn%200%2019#page/3/gid/1/pat/6/par/E12000004/ati/102/are/E10000018>

<sup>57</sup>Leicester, Leicestershire and Rutland Child Death Overview Panel (2018). Leicester, Leicestershire and Rutland Child Death Reviews (2011/12 – 2016/17) Annual Report 2016/17. Available at: <http://lrsb.org.uk/uploads/lr-child-death-review-analysis.pdf>

<sup>58</sup> Public Health England (December 2016). The mental health of children and young people in England. Available at: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/575632/Mental\\_health\\_of\\_children\\_in\\_England.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/575632/Mental_health_of_children_in_England.pdf)

<sup>59</sup> Department for Health (2011). No health without mental health, supporting document, the economic case for improving efficiency and quality in mental health. Available at:

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/215808/dh\\_123\\_993.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/215808/dh_123_993.pdf)

<sup>60</sup> Local Government Association (2017). Available at: <https://www.local.gov.uk/bright-futures-getting-best-children-young-people-and-families>

<sup>61</sup> Chief Medical Officer (2012). Our Children Deserve Better: Prevention Pays. Available at:

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/255237/290130\\_4\\_CMO\\_complete\\_low\\_res\\_accessible.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/255237/290130_4_CMO_complete_low_res_accessible.pdf)

<sup>62</sup> PHE (2018). Healthy Child Programme: rapid review on safeguarding. Available at:

<https://www.gov.uk/government/publications/healthy-child-programme-rapid-review-on-safeguarding>

<sup>63</sup> PHE (2018). School aged years high impact area 6: Seamless transition and preparation for adulthood. School nurses leading the Healthy Child Programme 5-19. Available at:

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/754809/school\\_aged\\_years\\_high\\_impact\\_area\\_6.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/754809/school_aged_years_high_impact_area_6.pdf)

<sup>64</sup> PHE (2018). Overview of the 6 early years and school aged years high impact areas. Health visitors and school nurses leading the Healthy Child Programme. Available at:

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/754796/overvie](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/754796/overvie)

---

[w of the 6 early years and school aged years high impact areas.pdf](#)

<sup>65</sup> PHE (2017). Transforming children and young people's mental health provision: a green paper. Available at: <https://www.gov.uk/government/consultations/transforming-children-and-young-peoples-mental-health-provision-a-green-paper>

<sup>66</sup> PHE (2014). Special educational needs and disability (SEND). Available at: <https://www.gov.uk/topic/schools-colleges-childrens-services/special-educational-needs-disabilities>

<sup>67</sup> PHE (2016). Childhood obesity: a plan for action. Available at: <https://www.gov.uk/government/publications/childhood-obesity-a-plan-for-action>

<sup>68</sup> PHE (2016). Healthy child programme 0 to 19: health visitor and school nurse commissioning. Available at: <https://www.gov.uk/government/publications/healthy-child-programme-0-to-19-health-visitor-and-school-nurse-commissioning>

<sup>69</sup> Marmot, M.G. (2010). Fair Society, Healthy Lives. Available at: <http://www.instituteoftheequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review/fair-society-healthy-lives-full-report-pdf.pdf>

<sup>70</sup> Department for Health and Social Care (2010). Healthy lives, Healthy People: our strategy for public health in England. Available at: <https://www.gov.uk/government/publications/healthy-lives-healthy-people-our-strategy-for-public-health-in-england>

<sup>71</sup> HM Government (2011). Healthy Lives, Healthy People: Update and way forward. Available at: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/216142/dh\\_129334.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/216142/dh_129334.pdf)

<sup>72</sup> NHS (2014). Five year forward plan. Available at: <https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>

<sup>73</sup> NHS (2019). The NHS Long Term Plan. Available at: <https://www.longtermplan.nhs.uk/publication/nhs-long-term-plan/>

<sup>74</sup> PHE (2014). From evidence into action: opportunities to protect and improve the nations health. Available at: <https://www.gov.uk/government/publications/from-evidence-into-action-opportunities-to-protect-and-improve-the-nations-health>

<sup>75</sup> PHE (2018). Best start in life and beyond: Improving public health outcomes for children, young people and families. Available at: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/686928/best\\_start\\_in\\_life\\_and\\_beyond\\_commissioning\\_guidance\\_1.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/686928/best_start_in_life_and_beyond_commissioning_guidance_1.pdf)

<sup>76</sup> PHE (2014). Maximising the school nursing team contribution to the public health of school-aged children. Available at: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/303769/Service\\_specifications.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/303769/Service_specifications.pdf)

<sup>77</sup> NHS England (2015). Future in mind. Promoting, protecting and improving our children and young people's mental health and wellbeing. Available at:

---

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/414024/Children\\_s\\_Mental\\_Health.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Children_s_Mental_Health.pdf)

<sup>78</sup> NHS Digital (2017). National Study of Health and Wellbeing: Children and Young People. Available at: <https://digital.nhs.uk/data-and-information/areas-of-interest/public-health/national-study-of-health-and-wellbeing-children-and-young-people>

<sup>79</sup> Sport England (2018). Towards an Active Nation. Available at: <https://www.local.gov.uk/sites/default/files/documents/How%20to%20active%20is%20the%20nation%20-%20Chris%20Perks.pdf>

<sup>80</sup> PHE (2014). Everybody active, every day: framework for physical activity. Available at: <https://www.gov.uk/government/publications/everybody-active-every-day-a-framework-to-embed-physical-activity-into-daily-life>

<sup>81</sup> LeicesterShire Rutland Sport (LRS), (2017). "Physical Activity and Sport Strategy 2017-21". Available at: <https://www.lrsport.org/uploads/lrs-physical-activity-sport-strategy-2017-2021.pdf>

<sup>82</sup> PHE (2015). What works in schools and colleges to increase physical activity. Available at: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/821463/What\\_works\\_in\\_schools\\_and\\_colleges\\_to\\_increase\\_physical\\_activity.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/821463/What_works_in_schools_and_colleges_to_increase_physical_activity.pdf)

<sup>83</sup> Sport England (2019). Active lives. Available at: <https://www.sportengland.org/research/active-lives-survey/>

<sup>84</sup> Department for Education (2019). Healthy schools rating scheme. Available here <https://www.gov.uk/government/publications/healthy-schools-rating-scheme>

<sup>85</sup> PHE (2018). Physical activity profile. Available at: <https://fingertips.phe.org.uk/profile/physical-activity>

<sup>86</sup> Department of Health and Social Care (2019). UK Chief Medical Officers' Physical Activity Guidelines. Available at: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/832868/uk-chief-medical-officers-physical-activity-guidelines.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/832868/uk-chief-medical-officers-physical-activity-guidelines.pdf)

<sup>87</sup> Department for Education (2019). Relationship education, relationships and sex education (RSE) and health education. Available at: <https://www.gov.uk/government/publications/relationships-education-relationships-and-sex-education-rse-and-health-education>

<sup>88</sup> Public Health Institute (2018). Routine Enquiry about Adverse Childhood Experiences. Available at: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/712718/REACH-implementation-pack-pilot-evaluation-final-report.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/712718/REACH-implementation-pack-pilot-evaluation-final-report.pdf)

<sup>89</sup> Felitti, V.J et al (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. Available at: <https://www.ncbi.nlm.nih.gov/pubmed/9635069>

<sup>90</sup> Leicestershire and Rutland Sport (2017). Physical Activity and Sport Strategy. Available at: <https://www.lrsport.org/uploads/lrs-physical-activity-sport-strategy-2017-2021.pdf>