

The health of children and younger people in our neighbourhoods

Neighbourhood Health Team – Lincoln Healthcare Partnership

Engagement Report

17 February 2026 – 17 March 2026



Introduction

NHS England directed Integrated Care Board's in April 2025 to implement at least 1 Children and Younger People Neighbourhood Health Team by 31 March 2026. The key aim of this initiative is to reduce the number of Emergency Department attendances and outpatient appointments for children and young people. The focus group is initially the 0 – 5 year olds.

The Neighbourhood Health Team cohort of patients are children and young people who are 0 – 19 years old and 0 – 25 years old for children and young people with special education needs and disability (SEND). GPs and professionals can refer into the NHS Multi-Disciplinary Team (MDT) and these will be held from 1 April 2026. The Neighbourhood Health Team is a virtual MDT where professionals can discuss, share learning and expertise to ensure children and young people and their families are receiving timely, accessible care by the right service and by the right person at the right time.

To launch this in Lincolnshire, local data and evidence was used to help choose which Primary Care Network (PCN) to introduce this initially.

Lincoln Healthcare Partnership (which consists of 4 GP practices – Brayford Medical Practice, Heart of Lincoln Medical Group (Newark Road), Heart of Lincoln (Portland Site), Heart of Lincoln Medical Group (University Site) was chosen for the following reasons:-

- This is the Primary Care Network in Lincolnshire for the highest was not brought rates (children not taken to their health appointments).
- The 2nd highest primary care network in Lincolnshire for % of childhood immunisations missed.
- For emergency department attendances, there are 2 groups of focus, 0 – 4 year olds (reason for attendance is respiratory issues) and 15 – 19 year old girls (reason for attendance is mental health issues).
- The population is ethnically diverse.
- Lincoln Healthcare Partnership has a 25.98% of statutory school aged pupils classed as persistently absent with a school attendance of 90% or less.
- Lincoln Healthcare Partnership has the highest level of severe school absence in the whole county. Severely absent is when a pupil misses 50% or more of school in an academic year.

Aims of the engagement

We launched a targeted public survey so that we could hear the views of children and young people, their families, carers and representatives and also a staff survey so that could hear from staff who help to deliver services for children and young people in this area so that this could continue to inform the pilot and the development of the neighbourhood health teams in the future. A template survey was also developed for staff to complete when speaking to individuals and families.

Executive summary

Public feedback

- 1 public survey response and spoke to 13 members of the public at community visits.
- 1 member of the public would like to get involved further with this work.
- 45% (5/11) of the public **did not feel that there were any gaps** in services for children and young people.
- 55% (6/11) felt that there **were gaps**. The reasons are more out of hours support, more information is required particularly around jaundice and the next stages in a child's development, more information around activities in children's centres and more support for children with special educational needs.
- 45% (2/8) feel that there are **no gaps** and that children and young people **are not struggling** with anything in the local area.
- 55% (6/8) think that there **are gaps** that children and young people are struggling with more and better support for children and young people with special educational needs and better advice for hand, foot and mouth, more positive experiences with 9 month Health Visitor checks, more continuity of care through pregnancy and follow up checks for military families.
- 80% (4/5) think that **improvements are required** that would improve the quality of life for children and young people in their area. The reasons for this are having someone to speak to about minor ailments, more training about ADHD and more campaigns.

Staff feedback

- 15 staff survey responses and spoke to 7 members of staff at community visits.
- 7 members of staff advised that they would like to get involved further with this work.
- 10% (2/20) of staff felt that there were **no gaps** in health services for children and young people.
- 90% (18/20) of staff felt that there **were gaps** in health services. The reasons are more information around bottle/breast feeding and weaning, weigh-in facilities, places to visit for social interaction, more information about SEN, reduction in waiting times at Accident and Emergency/Paediatricians/Dentists, earlier diagnosis of asthma and ASD, better promotion of services, better dental services, speech and language services, drop in services for minor illnesses, Chronic issues and developmental/neurodiversity care, mental health support, better support for children who were born prematurely, earlier diagnosis of asthma, better access to vaccinations, support for families where English is not their first language, offering a Health Visitor check in the middle between 8 - 12 months check and 2.5 years, Oppositional Defiant Disorder (ODD), PANDAS (Peadiatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcal Infections), PANS (Peadiatric Acute-onset Neuropsychiatric Syndrome), sensory processing, tics/tourettes, dyspraxia and functional neurological disorder.
- Key themes that staff feel that children and younger people are **struggling with** are mental health services, those with additional needs, speech and language therapy, access, SPD, wheelchair services, CAMHS, autism, dental, vaccinations, ADHD, SEND, lack of occupational therapy, paediatric to adult services, chronic and neurodevelopment conditions, minor ailments, access, weight management, vaping, language barriers.
- 100% (3/3) of staff stated that **improvements are required** to help support the quality of life for children and young people. The reasons were better access to primary care appointments, Quicker referral service to professionals, better joined up working, additional funding, more local services, More involvement of specialist paediatric services, more access to mental health support, more support networks and greater use of family hubs, better up-take of vaccinations, children allowed to attend First aid sessions, a more casual drop in weighing service, opt in services for 2 year health checks, continued/more support for those who don't speak English, particularly around SEND.

Overview of engagement activities

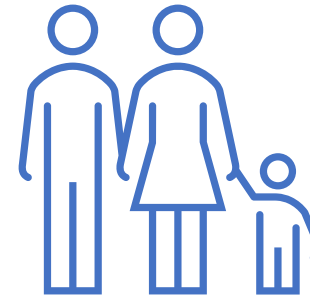
As part of our engagement activities, we received the following engagement:-



Patient/public
survey
published



Staff survey
published



3 groups visited to undertake
face to face engagement
speaking to a total of 13
parents/grandparents and 7
staff



Template published for
staff to input feedback
when speaking to
individuals



2

individuals
signed up to
receive the
engagement
bulletin "The
Contributor"



1 public survey
response received



15 staff survey
responses received

Methods of Engagement

Survey promotion



Lincolnshire
Integrated Care Board

The NHS Lincolnshire ICB Marketing Team created marketing materials to build awareness of the survey, signpost/link people to the survey, share with stakeholders to encourage participation and encourage people to take part in conversations.

To make the survey directly available to children and young people and their families and staff supporting delivering services within the Lincoln Health Partnership area, we circulated it to the following individuals/groups.

Should people wish to request the survey in an alternative format or seek support in completing the survey from the Engagement Manager, email and telephone number details were provided

Posters/fliers/e-mails were targeted to the Lincoln Health Partnership area and were distributed to the following individuals/groups/venues with a note to promote to relevant individuals/groups:-



- Circulated to Practice Managers within the Lincoln Healthcare Partnership area for 4 GP practices – Newland, Portland Street, Newark Road, Lincoln University.
- Health Visitor, Lincoln Health Partnership.
- Fliers distributed to Central, Bracebridge, Abbey, Moorland and Carholme Children's Centres.
- Headteacher, Bishop King School for circulation to staff and in newsletter to parents/carers/representatives.
- PAB Languages who provide translation services.
- Circulated to 4 contacts at Lincoln University who have contact with students. Engagement was promoted in the University monthly newsletter.
- Integrated Neighbourhood Team Lead, Lincolnshire Community Health Services NHS Trust for promotion to contacts.
- Senior Care Co-ordinator, Lincolnshire Community Health Services NHS Trust for promotion to contacts.
- Consultant Paediatrician, United Lincolnshire Hospitals NHS Trust.
- Lead GP, Lincoln Healthcare Partnership.
- Lincolnshire Partnership NHS Trust Children's Peer Support Worker and Involvement Team.
- Children and Young People Integrated Transformation Board.
- Community Connector, Lincoln area for promotion.
- Children's Links.
- Network CIO.
- Children's Links Toy Library and Soft Play.
- Rooted Arts CIC.
- Babyccinos.
- Lincoln City Foundation Youth Club.
- Energize – Acts Trust.
- Youth Activity Centre, YMCA Lincolnshire, Tritton Road.
- Lincoln Youth Matters.
- Girl Guiding Lincolnshire.
- Lincolnshire Scouts.
- Scouts County Bulletin.
- Tiny Talk, Lincoln.
- Believe Sport.
- Surviving SEN.
- Lincoln Parent Carer Forum for circulation within their newsletter.

Section 1

Results and Findings from the Public Survey and Community Conversations



If your child or young person (0–19, or 0–25 with special needs) is registered at **Brayford Medical Practice, Heart of Lincoln Medical Group (Newark Road), Heart of Lincoln (Portland Site) or Heart of Lincoln Medical Group (University Site)**, we want to hear from you.

We are testing a new idea in your area where local GP's will come together with hospital and community paediatricians to support children and young people and their families.

We want this to help children and young people to reduce the need to go to Accident and Emergency or other urgent services as much and have the support needed to attend all of their health appointments.

Tell us what you think about local health services.

Complete our survey by 17 March 2026



Scan this QR code or visit our website at lincolnshire.icb.nhs.uk/health-of-children

Respondent profiling

We received a total of **14 responses** from parents, grandparents, carers and representatives.

The on-line survey and community conversations feedback have been themed together.

1 response was via the on-line survey.

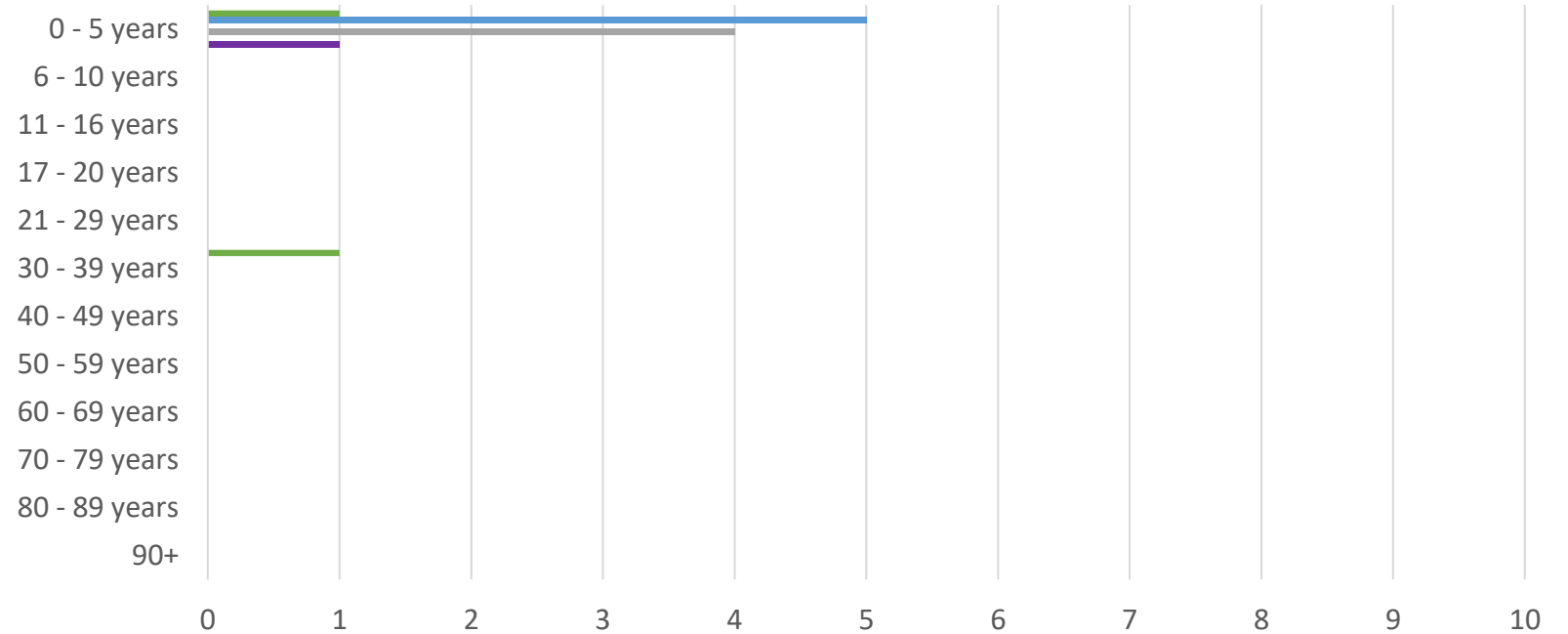
13 parents/grandparents were spoken to at 3 community groups detailed below:-



The highest number of responses were from individuals registered at the Heart of Lincoln Portland Practice.

100% of families spoken to at face to face groups had children aged between 0 – 5 years old.

79% of children were white British, 7% Lithuanian, 7% Indian And 7% of the adult respondent was white British.



- Not stated (3)
- Other (Brant Rd 3, Heath Surgery 1, Cliff Villages 1, Boultham Park 1)
- Heart of Lincoln Medical Group (University)
- Heart of Lincoln Medical Group (Portland) (4)
- Heart of Lincoln (Newark Road) (0)
- Brayford Medical Centre (1)

Group	Number of families spoken to
Multi-national Play and Stay – Lincoln Children’s Centre	7
0 – 5 Children’s Links Toy Library and Soft Play	4
Special Educational Needs Group – Moorland Children’s Centre	2
	13

Public feedback

“Do you feel there are any gaps in health services for Children and Young People”



45% (5/11) **did not feel/or were unsure** if there were any gaps in health services.

The reasons for this were:-

Theme	Reason/s
<p>Excellent service from GP practice</p>	<ul style="list-style-type: none"> • Excellent overall experience with surgery – parent is very happy with the care and praises all staff, including receptionists, doctors and support workers. • Switched practice due to positive reputation – mum changed practice during pregnancy after hearing good things about surgery which familiar was registered with. • Strong support for child’s respiratory health needs – child has experienced RSV, bronchitis, wheezing and breathing difficulties, and the surgery has provided reassuring support. • Responsive and well co-ordinated care – surgery responds quickly to concerns and liaises with paediatricians, helping to avoid unnecessary Accident and Emergency visits. • Good communication and follow-up – family receives reminders, letters and vaccination notifications, supporting ongoing care.
<p>Happy with NHS services</p>	<ul style="list-style-type: none"> • Overall satisfaction with care – parent feels that nothing needs to change and describes services as perfect. • Decision not to vaccinate child – parent has chosen not to have their son vaccinated, stating that the child is healthy. • Use of Accident and Emergency for urgent concerns – child attended Accident and Emergency twice due to mouth croup/breathing difficulties. These A&E visits were not via GP referral. • Everything is perfect and do not need to change anything.
<p>Happy with NHS services</p>	<ul style="list-style-type: none"> • No identified gaps in care for 2 year old grandson– grandparent is not aware of any gaps in services or support. • Previous use of GP and A&E services – child has needed to access both GP services and A&E in the past. Accident and Emergency attendance for specific concern.

55% (6/11) feel that there **are gaps** in health services for children and young people



The reasons for this are detailed below:-

Theme	Reasons
Walk in centre/out of hours support	<ul style="list-style-type: none"> • Would be great to have a walk-in centre back again for out-of-hours advice. • Child had an ear infection, family took child to the pharmacy and because of his age being under the age of 2, they said he needed to go to Accident and Emergency (it was a Sunday evening). They didn't take him and were waiting until the morning to see the GP, who offered them some antibiotics. "We didn't need Accident and Emergency we needed someone out of hours who could see their son".
More information required	<ul style="list-style-type: none"> • More information required in relation to jaundice. • More information about the next stages in a child's development. Has attended Accident and Emergency when mum and child (child was 8 months) both fell down the stairs. Daughter got checked and all was fine. • Son receiving 9 months check this week. Feels there should be more information provided about children's centres, activities provided. Friend told her about the children's centre. Now goes to early talkers and sensory classes. Feels that more information should be provided when leave hospital with a printed timetable. Has used the lending library which thinks is excellent and has bought son's 1st birthday present from there.
SEN	<ul style="list-style-type: none"> • School and education challenges – local schools are often full (St Francis, St Christopher's and Warren Wood School). Feeling that it is sometimes "pot luck" if a space becomes available on the day. • Transport is provided to school and some children are home educated due to lack of space and personal preference. • SEN support gaps – services need better understanding and communication for children with autism, ADHD, and other SEN, including sensory and safety needs. • Better of understanding regarding eating – eg, being advised that if hungry will eat but concerns from families regarding their children getting malnourished. • Healthcare access issues – long waits for dieticians (particularly at Lincoln County Hospital), Sensory Occupational Therapists and community dental services, with professionals often unfamiliar with SEN children, making care difficult and stressful. • Need for prevention and early support – families face paying high costs for assessments (£1,600 for a sensory assessment). • Preventative, tailored services could reduce reliance on emergency interventions. Children are often scared of treatments (eg, opening their mouth for a dental check requiring general anaesthetic). • Feelings of feeling misjudged - children with SEN don't always show physical symptoms – it is part of their SEN condition/disability. • Mum has set up her own support group to help families.

Public feedback

“Do you feel that there is anything that children and young people are struggling with in your local area”



45% (2/8) feel that there are **no gaps** and that children and young people **are not struggling** with anything in the local area. 55% (6/8) think that there **are gaps** that children and young people are particularly struggling with in the local area at the moment.

The top reasons for **perceived gaps** are:-

Theme	Reasons
Better SEN support (Diagnosis of Autism/global developmental delay)	<ul style="list-style-type: none"> • Positive experiences with nursery support being positive and helpful. • Children’s Centre is providing a Stepping Stones 6-week programme which has been useful for guidance and information and once completed “Ready Steady Go”. • Child was first referred at age 2 due to severe behaviours; 2nd Family Child Health Worker provided help and completed an assessment. • Parent feels more information, resources, and follow-up support should be available, especially through GP practices. • Child will attend Primary School in a small hub class of 10, joining some mainstream lessons. • Challenges as will need to walk to school daily taking 30–45 minutes. • Home has required private, costly safety adaptations due to behaviour (eg, bed, windows). • Challenges going out due to behaviour being difficult to manage.
Hand, foot and mouth	<ul style="list-style-type: none"> • Clearer communications around the correct process for hand, foot and mouth and whether children need to spend time away from nursery/school settings or whether they can still attend.
9 month Health Visitor checks	<ul style="list-style-type: none"> • Negative information about the 9 month Health Visitor reviews. Sometimes they are perceived as more negative about what people aren’t doing rather than what they are with individuals in tears about it.
Continuity of care	<ul style="list-style-type: none"> • More continuity of care required with pregnancy.
Military	<ul style="list-style-type: none"> • Helpful conversation with the Military Care Navigator from Better Births. Found out information about feeding groups on Waddington camp. • Would be helpful for a follow up call to check all going well.

Public feedback

“Do you feel that there is anything that would improve the quality of life for children and young people”



80% (4/5) think that **are improvements required** that would improve the quality of life for children and young people in their area

The reasons for this are:-

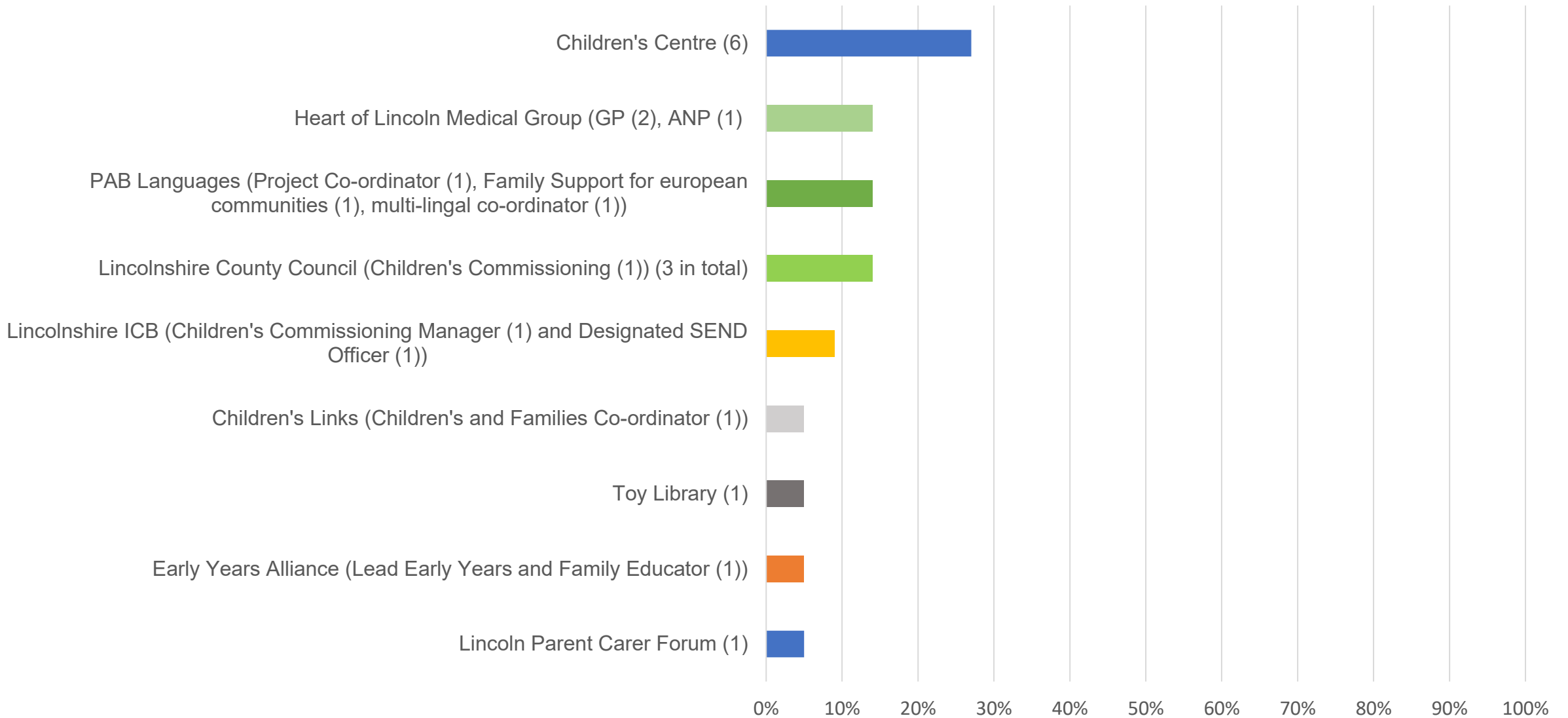
Theme	Reason/s
Advice	<ul style="list-style-type: none">• Having someone or somewhere to speak to for advice eg, the Pharmacist at their local pharmacy as they are able to provide reassurance.• Having someone to call/speak to for advice around minor ailments.
Training around ADHD	<ul style="list-style-type: none">• More training for staff on ADHD.
Campaigns	<ul style="list-style-type: none">• More campaigns in schools/TV/leaflets/with affects of screens/tablets and other alternative lifestyle choices to help educate parents.

Section 2

Results and Findings from the Staff Engagement



15 members of staff completed the survey and the Engagement Manager spoke to 7 staff when visiting. The highest response was from Heart of Lincoln Medical Group, PAB Languages and Lincolnshire County Council. Job roles are included, where stated:-



Staff feedback

“Do you feel there are any gaps in health services for Children and Young People”



10% (2/20) of staff felt that there were **no gaps in health services for children and young people. 90% (18/20) of staff felt that there **were gaps in health services****
The reasons for the gaps are detailed below:-

Theme identified	Comments
Bottle/breastfeeding and weaning	<ul style="list-style-type: none"> Families would like more information on bottle/breastfeeding and weaning – information about where they can get advice and help.
Weighing babies	<ul style="list-style-type: none"> Families would like to know where they can get their babies weighed.
Social interaction	<ul style="list-style-type: none"> Where they can meet other mum's eg, Toy Library, Children's Centres, Church and community groups.
SEN	<ul style="list-style-type: none"> More information on SEN required. The latest State of SEND survey reported that joined up working was scored poorly by parents on Lincolnshire Parent Carer Forum membership.
Reduction in waiting times	<ul style="list-style-type: none"> Lengthy waits in Accident and Emergency. Lengthy waits to see NHS professionals (eg, paediatricians, dentists).
Diagnosis of asthma	<ul style="list-style-type: none"> Some families have advised that their child can't be officially diagnosed with asthma until they are around 5 years old.
ASD diagnosis	<ul style="list-style-type: none"> Help is not being provided early and children are often attending school without the support they need. Lengthy waits for autism diagnosis with further support required whilst waiting. Birmingham was expressed as a good example to use. When parents struggle at home – nurseries don't always see it. More support is required for autistic children – toilet training, behaviour, emotions, diagnosis. Provided with lot of leaflets and then are left.
Promotion of services	<ul style="list-style-type: none"> There is better promotion of services required – NHS and voluntary services, signposting, awareness of how these services can support children and younger people, ease of access
Dental care	<ul style="list-style-type: none"> Better dental care services.

The reasons that staff feel there **are gaps** in health services for children and young children are:-
Continued

Theme identified	Comments
Speech and language	<ul style="list-style-type: none"> Speech and language was felt to be a big concern and whilst the drop in sessions are going a long way to support this there needs to be more investment in therapies. Other areas have joined Occupational Therapy SALT and Physiotherapists together and delivering joint provision (Birmingham). Support for those with a diagnosis especially around behaviour regulation and management. Other services are being challenged by the amount of requests and they may not be expert in this field. The team led by ULHT (children with disabilities) will not see children alone or hold a caseload and request that another professional attends with them and then carries out the work, this seems a resource constraint to have 2 professionals in the same visit, and then the expert does not carry out the work they ask other services to do this, which is not part of that service, and therefore the support ends up missing.
Minor illnesses	<ul style="list-style-type: none"> The majority of families trust their GP's, particularly for minor illnesses. There is a lack of investment in prevention/early intervention services eg, drop in services for minor illnesses.
Chronic issues and developmental/ neurodiversity care	<ul style="list-style-type: none"> More responsibility for children's ongoing care required as this places additional pressure on GP's and frustrated parents.
Mental health	<ul style="list-style-type: none"> Mental health support for children.
Premature birth of babies	<ul style="list-style-type: none"> Baby was born prematurely so has some health issues. Family didn't feel that they were getting the support they needed so was looking to change GP practices.
Asthma	<ul style="list-style-type: none"> Not getting an asthma diagnosis until child is older resulting in children going to A&E. Had to go to A&E as suffered an asthma attack.
Access to vaccinations	<ul style="list-style-type: none"> Better access and more easily available vaccinations and how parents/carers are informed/aware of available support services.

The reasons that staff feel there are **gaps in health services** for children and young children are:-
Continued:-

Theme identified	Comments
Language barriers	<ul style="list-style-type: none"> • A representative from PAB Languages who supports people with translation services advised that people whose English is not their first language struggle; A dad who was at one of the group's visited is relying on PAB languages to help navigate the health system. His son has a diagnosis in Bulgaria but not here in England, (Autistic/Delayed Development / Non-verbal). Dad would have been unable to complete all the paperwork for Paediatric referrals/Speech and Language /School application. Dad has used Google Translate before and then was misinformed/misunderstood what he was told. The importance of offering this service was highlighted. • Use easier language - verbal and written. • More posters are required. • Feels that there are better interpreter services at hospital which may be why people go there.
Health Visitor appointments	<ul style="list-style-type: none"> • There is a big gap between Health Visitor appointments – 8 – 12 months and then 2.5 years so big gaps. Should be an extra one in the middle.
ODD	<ul style="list-style-type: none"> • Oppositional Defiant Disorder (ODD)
Panda	<ul style="list-style-type: none"> • PANDAS (Peadiatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcal Infections).
Pans	<ul style="list-style-type: none"> • PANS (Peadiatric Acute-onset Neuropsychiatric Syndrome).
Sensory processing	<ul style="list-style-type: none"> • More support required.
Tics/Tourettes	<ul style="list-style-type: none"> • More support required.
Dyspraxia	<ul style="list-style-type: none"> • More support required.
Functional Neurological Disorder	<ul style="list-style-type: none"> • More support required.

Staff feedback

“Do you feel that there is anything that Children and Young People are struggling with in the local area”



13% (2/15) of staff **did not think** that children and young people are struggling with anything at the moment.

87% (13/15) of staff **do** feel that children and young people are **struggling** and the reasons are listed below. Mental health services was the top concern.

Theme identified	Comments
Mental health services	<ul style="list-style-type: none"> Prevalent in all ages where support isn't there for some of the younger members. A lot depends on the GP surgery families are with to get the NHS support otherwise they access private counselling which is expensive and may not be accessible to families.
Additional needs	<ul style="list-style-type: none"> In particular children with additional needs. A big impact is communication. Families need support to be able to engage.
Speech and language therapy	<ul style="list-style-type: none"> The hubs have helped but this is reliant on families taking their children. Staff hear about speech therapy concerns - people don't always drive/aren't always able to travel to St Giles. Lincoln Children's Centres don't offer drop ins/clinic at all centres.
Access	<ul style="list-style-type: none"> Those with no transport, capacity, time are often the ones that need more help.
SPD	<ul style="list-style-type: none"> Workshops are not currently running.
Wheelchair services	<ul style="list-style-type: none"> Wheelchair services are poor.
CAMHS	<ul style="list-style-type: none"> Reported as poor.
Autism	<ul style="list-style-type: none"> Autism behavioural support and diagnosis.
Dental	<ul style="list-style-type: none"> Poor dental services and oral health.
Vaccinations	<ul style="list-style-type: none"> Should be a higher up-take on immunisations.
ADHD	<ul style="list-style-type: none"> Diagnosis and ongoing support.
SEND	<ul style="list-style-type: none"> Language barriers/lack of support for people who don't speak English.

What staff feel that children and young people are **struggling with at the moment**
Continued . . .

Theme identified	Comments
Lack of Occupational Therapy	<ul style="list-style-type: none"> No sensory Occupational Therapist employed in Lincolnshire currently.
Paediatric to adult services	<ul style="list-style-type: none"> Transition of health services from paediatric to adult services.
Chronic and neurodevelopment conditions	<ul style="list-style-type: none"> Particularly ADHD and autism.
Minor ailments	<ul style="list-style-type: none"> Parents are struggling with the confidence and support to manage their child's minor ailments in the family home. Data is showing that all roads lead to emergency departments – for avoidable, treatable conditions that can be supported in the home and in the community. Learning was highlighted from a FSW pilot by Barnardo's in the Lincoln Emergency Department. Families are attending ED out of desperation as existing services that are designed to support them at home are historically a Monday – Friday 9.00 am – 5.00 pm service which does not meet the needs of families today. ED is the only 24/7 service available for them to take their children.
Access	<ul style="list-style-type: none"> Access for parents and children.
Weight	<ul style="list-style-type: none"> Obesity and weight management.
Vaping	<ul style="list-style-type: none"> Vaping in older children and young people.

Staff feedback

“Is there anything that would improve the quality of life for children and young people”



100% (3/3) of staff stated that **improvements are required** to help support the quality of life for children and young people.

The reasons are detailed below:-

Theme identified	Comments
Primary care appointments	<ul style="list-style-type: none"> • More support and ease to get primary care appointments.
Quicker referral service to professionals	<ul style="list-style-type: none"> • Could be quicker particular in more concerning cases eg, to paediatricians, dentists. • Shorter waiting times to see community paediatricians.
Joined up working	<ul style="list-style-type: none"> • Work alongside county councils to support a safe space for children and young people/adults to attend with NHS support in-house for drug, alcohol, smoking and sex education but with games eg, darts, pools etc. • Joined up working with education, health and care etc.
Funding	<ul style="list-style-type: none"> • Additional funding – particularly with focus in the JSNA. • Additional funding in prevention and early intervention eg, starting in pre-conception, antenatal period and onwards. • Resource general practice to deliver outcomes.
Local services	<ul style="list-style-type: none"> • Improve local services eg, dentists, vaccination clinics in CCS/Family Hubs. • After school GP and consultant clinics. • Schools and local services to be more integrated. • Don't take children out of school. • Better access, understanding current population health data.
Paediatric services	<ul style="list-style-type: none"> • More involvement of specialist paediatric services, including long term support and better relationships between the community paediatric and hospital paediatric teams.

Reasons of what staff feel would **improve** the quality of life for children and young people in this area and how the NHS might be able to help:-
Continued ...

Theme identified	Comments
Mental health support	<ul style="list-style-type: none">• More access to mental health support.
Support networks	<ul style="list-style-type: none">• More support networks and greater use of family hubs, bringing health to the community.
Vaccinations	<ul style="list-style-type: none">• Better up-take of vaccinations.
First Aid Sessions	<ul style="list-style-type: none">• Offer the opportunity for children to be taken to the First Aid session.
Weigh in sessions	<ul style="list-style-type: none">• Offer a more casual drop in weighing service so that children can get weighed - believe this is only offered if there is a concern.
Health checks	<ul style="list-style-type: none">• Offer opt in services for 2 year health checks.
Lack of support for non speaking English individuals	<ul style="list-style-type: none">• Lack of support for people who don't speak English around SEND.

- The feedback from our engagement should be used and triangulated with other ongoing patient experience data which is collated. Where there are particular areas highlighted, further engagement should be undertaken.
- The Children and Younger People Transformation Board are asked to note the feedback and discuss recommendations from the findings to help inform the pilot.
- The feedback should be used to help inform the development of the children and younger people neighbourhood team pilot and utilise the findings to help inform the programme of work.
- Share and discuss the findings and develop action planning for improvements.
- This report will be published on Lincolnshire Integrated Care Board Care web-site and complete ongoing involvement of people and communities and feedback on how on how this has influenced children and younger people services.