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Northumberland County Council

Your ref:

Our ref:

Enquiries to: Andrea Todd

Email: Andrea.Todd@northumberland.gov.uk

Tel direct: 01670 622606

Date: 26 March 2021

Dear Sir or Madam,

Your attendance is requested at a virtual meeting of the **HEALTH AND WELL-BEING BOARD** to be held on **THURSDAY, 8 APRIL 2021** at **10.00 AM**.

Please note this will be a “virtual meeting” that will be streamed live on our Youtube channel at [youtube.com/NorthumberlandTV](https://www.youtube.com/NorthumberlandTV)

Yours faithfully

Daljit Lally
Chief Executive

To Health and Well-being Board members as follows:-

N Bradley, C Briggs, S Brown, R Dodd (Chair), S Dungworth, R Firth, V Jones, J Lothian, J Mackey, C McEvoy-Carr, P Mead, L Morgan, G Renner-Thompson, G Sanderson, G Syers (Vice-Chair), D Thompson, P Travers, C Wardlaw and J Watson

Any member of the press or public may view the proceedings of this virtual meeting live on our YouTube channel at <https://www.youtube.com/NorthumberlandTV>. Members of the press and public may tweet, blog etc during the live broadcast as they would be able to during a regular Committee meeting. However, the only participants in the virtual meeting will be the Councillors concerned and the officers advising the Committee.



Daljit Lally, Chief Executive
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AGENDA

PART I

It is expected that the matters included in this part of the agenda will be dealt with in public.

1. APOLOGIES FOR ABSENCE

2. MINUTES

The minutes of the previous meeting held on Thursday, 11 March 2021, will be submitted to the next meeting of the Health & Wellbeing Board.

3. DISCLOSURES OF INTEREST

Unless already entered in the Council's Register of Members' interests, members are required to disclose any personal interest, (which includes any disclosable pecuniary interest), they may have in any of the items included on the agenda for the meeting in accordance with the Code of Conduct adopted by the Council on 4 July 2012, and are reminded that if they have any personal interests of a prejudicial nature (as defined under paragraph 17 of the Code of Conduct) they must not participate in any discussion or vote on the matter and must leave the room.

N.B. Any member needing clarification must contact the Legal Services Manager on 01670 623324. Please refer to the guidance on disclosures at the rear of this agenda letter.

4. ITEMS FOR DISCUSSION

5. UPDATE ON THE NORTHUMBERLAND COVID 19 OUTBREAK PREVENTION AND CONTROL PLAN

An update will be provided at the meeting on the epidemiology of COVID 19 in Northumberland and developments with the Council's COVID 19 Outbreak Prevention and Control Plan.

6. VACCINATION PROGRAMME UPDATE

A presentation will be provided at the meeting by the CCG updating Members on the current position of the Vaccination Programme.

7. CHILDREN AND YOUNG PEOPLE'S JOINT COMMISSIONING UPDATE (Pages 1 - 16)

To receive a Children and Young Peoples Joint Commissioning update from Northumberland CCG. Report attached.

8. HEALTH AND WELLBEING BOARD – FORWARD PLAN (Pages 17 - 34)

To note/discuss details of forthcoming agenda items at future meetings; the

latest version is enclosed.

9. URGENT BUSINESS (IF ANY)

To consider such other business as, in the opinion of the Chair, should, by reason of special circumstances, be considered as a matter of urgency.

10. DATE OF NEXT MEETING

The next remote meeting will be held on Thursday 10 June 2021 at 10.00 a.m.

IF YOU HAVE AN INTEREST AT THIS MEETING, PLEASE:

- Declare it and give details of its nature before the matter is discussion or as soon as it becomes apparent to you.
- Complete this sheet and pass it to the Democratic Services Officer.

Name (please print):
Meeting:
Date:
Item to which your interest relates:
Nature of Registerable Personal Interest i.e either disclosable pecuniary interest (as defined by Annex 2 to Code of Conduct or other interest (as defined by Annex 3 to Code of Conduct) (please give details):
Nature of Non-registerable Personal Interest (please give details):
Are you intending to withdraw from the meeting?

1. Registerable Personal Interests – You may have a Registerable Personal Interest if the issue being discussed in the meeting:

a) relates to any Disclosable Pecuniary Interest (as defined by Annex 1 to the Code of Conduct); or

b) any other interest (as defined by Annex 2 to the Code of Conduct)

The following interests are Disclosable Pecuniary Interests if they are an interest of either you or your spouse or civil partner:

(1) Employment, Office, Companies, Profession or vocation; (2) Sponsorship; (3) Contracts with the Council; (4) Land in the County; (5) Licences in the County; (6) Corporate Tenancies with the Council; or (7) Securities - interests in Companies trading with the Council.

The following are other Registerable Personal Interests:

(1) any body of which you are a member (or in a position of general control or management) to which you are appointed or nominated by the Council; (2) any body which (i) exercises functions of a public nature or (ii) has charitable purposes or (iii) one of whose principal purpose includes the influence of public opinion or policy (including any political party or trade union) of which you are a member (or in a position of general control or management); or (3) any person from whom you have received within the previous three years a gift or hospitality with an estimated value of more than £50 which is attributable to your position as an elected or co-opted member of the Council.

2. Non-registerable personal interests - You may have a non-registerable personal interest when you attend a meeting of the Council or Cabinet, or one of their committees or sub-committees, and you are, or ought reasonably to be, aware that a decision in relation to an item of business which is to be transacted might reasonably be regarded as affecting your well being or financial position, or the well being or financial position of a person described below to a greater extent than most inhabitants of the area affected by the decision.

The persons referred to above are: (a) a member of your family; (b) any person with whom you have a close association; or (c) in relation to persons described in (a) and (b), their employer, any firm in which they are a partner, or company of which they are a director or shareholder.

3. Non-participation in Council Business

When you attend a meeting of the Council or Cabinet, or one of their committees or sub-committees, and you are aware that the criteria set out below are satisfied in relation to any matter to be considered, or being considered at that meeting, you must : (a) Declare that fact to the meeting; (b) Not participate (or further participate) in any discussion of the matter at the meeting; (c) Not participate in any vote (or further vote) taken on the matter at the meeting; and (d) Leave the room whilst the matter is being discussed.

The criteria for the purposes of the above paragraph are that: (a) You have a registerable or non-registerable personal interest in the matter which is such that a member of the public knowing the relevant facts would reasonably think it so significant that it is likely to prejudice your judgement of the public interest; **and either** (b) the matter will affect the financial position of yourself or one of the persons or bodies referred to above or in any of your register entries; **or** (c) the matter concerns a request for any permission, licence, consent or registration sought by yourself or any of the persons referred to above or in any of your register entries.

This guidance is not a complete statement of the rules on declaration of interests which are contained in the Members' Code of Conduct. If in any doubt, please consult the Monitoring Officer or relevant Democratic Services Officer before the meeting.

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Agenda Item 7

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Northumberland
Clinical Commissioning Group

Meeting title	Health and Wellbeing Board	
Date	08.04.21	
Agenda item		
Report title	Update on Joint Commissioning within Children and Young Peoples Services	
Report author	Helen Bowyer – Children & Young Peoples Operational Commissioning Manager	
Sponsor		
Private or Public agenda	Public	
NHS classification	Official Sensitive: Commercial	
Purpose (tick one only)	Information only	
	Development/Discussion	
	Decision/Action	(✓)
Links to Corporate Objectives	Ensure that the CCG makes best use of all available resources	(✓)
	Ensure the delivery of safe, high quality services that deliver the best outcomes	(✓)
	Create joined up pathways within and across organisations to deliver seamless care	(✓)
	Deliver clinically led health services that are focused on individual and wider population needs and based on evidence.	(✓)
Northumberland CCG/external meetings this paper has been discussed at:	N/A	
QIPP	N/A	
Risks		
Resource implications		
Consultation/engagement	N/A	
Quality and Equality impact assessment		

Clinicians commissioning healthcare for the people of Northumberland



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Data Protection Impact Assessment	N/A
Research	N/A
Legal implications	N/A
Impact on carers	N/A
Sustainability implications	N/A



QUALITY and EQUALITY IMPACT ASSESSMENT						
1. Project Name	N/A					
2. Project Lead	Director Lead	Project Lead			Clinical Lead	
	N/A	N/A			N/A	
3. Project Overview & Objective	N/A					
4. Quality Impact Assessment	Impact Details	Pos/ Neg	C	L	Scores	Mitigation / Control
<i>Patient Safety</i>						
<i>Clinical Effectiveness</i>						
<i>Patient Experience</i>						
<i>Others including reputation, information governance and etc.</i>						
5. Equality Impact Assessment	Impact Details	Pos/ Neg	C	L	Scores	Mitigation / Control
<i>What is the impact on people who have one of the protected characteristics as defined in the Equality Act 2010?</i>						
<i>What is the impact on health inequalities in terms of access to services and outcomes achieved for the population of Northumberland? (which is in line with the legal duties defined in the National Health Service Act 2006 as amended by the Health and Social Care Act 2012), for example health inequalities due to differences in socioeconomic circumstances?</i>						
6. Research <i>Reference to relevant local and national research as appropriate.</i>						
7. Metrics	Impact Descriptors	Baseline Metrics			Target	

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Sensitive to the impacts or risks on quality and equality and can be used for ongoing monitoring.			
8. Completed By	Signature	Printed Name	Date
Additional Relevant Information:			
8. Clinical Lead Approval by	Signature	Printed Name	Date
Additional Relevant Information:			
9. Reviewed By	Signature	Printed Name	Date
Comments			

Agenda Item:

Update on the Joint Commissioning Strategy for children's services.

Sponsor: Siobhan Brown and Cath McEvoy-Carr

Purpose

This paper sets out:

To update the Health and Wellbeing Board on the joint commissioning journey to date and outline next steps.

Strategic Overview

Northumberland's Written Statement of Action (WSOA) from October 2018, highlighted a 'Weakness in the local area's arrangements for jointly planning, commissioning, and providing the services children and young people with Special Educational Needs or Disability (SEND) and their families need'.

The recent SEND peer review in January 2021 demonstrated that whilst some progress has been made around joint commissioning, there is still a need to develop a shared understanding of the approach strategically, operationally, and individually. With a focus on demonstrating outcomes that have impact and being clear about different roles and responsibilities across the partnership, maximising opportunities for the integration of provision across education, health and social care consistently across Northumberland.

To date key strategic roles have been commissioned and funded jointly between Northumberland Clinical Commissioning Group (CCG) and Northumberland County Council (NCC) to lead the direction of change, these are:

- Service Director for Transformation and Integrated Care
- Head of SEND Strategy, Northumberland County Council & Designated Clinical Officer, Northumberland CCG
- Children and Young People's commissioner

Following the development of Northumberland's, 'Joint Commissioning Strategy' and Action Plan. The Service Director for Transformation and Integrated Care has undertaken a strategic

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review of the journey travelled to date, which was recently relayed in the SEND peer review, this included:

- Utilising the Joint Strategic Needs Assessment (JSNA) as a starting point in identifying the common needs, gaps and challenges in the current system.
- Reviewing the current governance structure of the joint commissioning board to ensure it is fit for purpose moving forward.
- Exploring the opportunity for a future Joint Commissioning Hub.

The three initial key stages of the journey have been identified as the following:



1. Better understanding of complex children's needs and costs.
2. Early identification, predicting needs and planning provision
3. Principles agreed to support new ways of working, skill mix and integrated approaches across services.

With a fourth to be agreed in relation to measuring the outcomes and impact as a system.

1. Better Understanding of the needs and costs of children eligible for Continuing Care Individual Packages of support

The Joint Commissioning Group's (JCG) purpose and pathways have been reviewed over the last 18 months. This group has been renamed the 'Operational JCG' to support in defining its purpose, which is to provide an operational platform for discussion, financial sign off and

review of individual jointly commissioned packages of health and care support for children and young people with continuing care eligibility.

Underpinning this, a new process has been developed which includes quality and assurance mechanisms and a robust method for reviewing and identifying potential eligible children.

Processes are in place to ensure that eligible children will access additional support over and above already commissioned services. There is significant joint working between the CCG and NCC to ensure that the health and social care needs of the children and young people and their families are met holistically.

Key CCG roles such as the Learning Disabilities and Mental Health Co-ordinator straddle both health and social care and the head of complex care commissioning works closely with senior managers in NCC to ensure more effective quality placements are identified wherever possible.

2. Early identification, predicting needs and planning provision

Early Help and Joint Commissioning and Planning at an Operational Service Level

Collaborative working across the system from health, education, and social care to support children and young people with their emotional health and wellbeing has significantly moved forward over the last 3 years. There is a real emphasis on early help and prevention, as well as ensuring earlier access to the right service at the right time.

Success in securing national Trailblazer funding for Mental Health Support Teams (MHST) based in schools in both the wave 1 pilot covering Hexham and Blyth, and more recently the wave 3 pilot covering Ashington and Bedlington, as well as the four week waiting time pilot (4WW), designed to reduce children and young people's waits in to mental health services from referral to treatment down to four weeks, have provided the foundation and additional resource to explore new ways of working, test and develop joint initiatives across the system of health, education and social care and lay the foundations and develop an ethos for future joint commissioning.

Some of this pilot work has involved the jointly commissioned funding of services, or individuals, and the re-designing and collective re-modelling of services to ensure that children and young people (CYP) are able to access the right service, at the right time, with a graduated approach to support and interventions.

Within children and young people's mental health support, multi-agency decision making now takes place from the point of referral. This is to ensure appropriate support is identified at the start, therefore reducing bounce across the system, and avoiding duplication where possible. Most recently this has involved a further development to include children's social care within the referral decision making process, this is via the introduction of a weekly virtual referral hub

meeting between children's social care and children's and young people's mental health services. This is due to start in April 2021, the meeting will involve discussion around the more complex cases and appropriate referral, or joint working initiatives will be agreed. Processes to aid this meeting have been developed.

A further jointly commissioned post between the CCG and NCC entitled 'Children and Young Peoples Operational Commissioning Manager' was developed to drive forward the trailblazer pilot and act as both a lead and conduit in developing further joint working and commissioning as a system for children and young people, this has included the development of joint Referral and Access processes in to mental health services and the development and monitoring of the Children's and Young Peoples 'Local Transformation Plan', which is currently in the process of being reviewed and will become the 'Young Peoples Strategic Plan' in line with recent NHS England requirements.

Some of the joint key initiatives over the last two years have included:

- **Early Identification of Children with Complex Care Needs**

Work has been carried out across the system to develop processes that enable NCC and the CCG to identify children earlier with complex needs, in the hope that we are able to predict their further needs in advance. This will ensure that we can plan care and provide more tailored support to meet individual needs, to achieve better outcomes.

- **Access**

Key developments in collaborative working over the last two years have seen the following changes:

- A reduction in waiting times into Children's Mental Health Services. Waiting times were on average 30 Weeks three years ago, but due to the 4 Week Wait (4WW) pilot approx. 91% of children and young people are now seen within 4 weeks with 75% having their second appointment also within the 4 weeks.
- Referral threshold criteria to access children and young people's mental health services has been reviewed collectively across services, to ensure no duplication or gaps with criteria and therefore avoid bounce across the system.
- The development and launch of Northumberland's 'Be You' Website in December 2020. This provides clear guidance around service descriptions, referral processes and access criteria for emotional health and wellbeing services across the county. This has involved development and participation from staff across health, education and social care.

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- Daily Consultation Phone Lines have been established in both the Children and Young Peoples Service (CYPS) and Primary Mental Health Work (PMHW) team to support professionals across the wider system (as well as parents and carers).
- The development of digital means of communication between services and with children and young people.
- The introduction of a weekly virtual hub referral mtg between children and young people's mental health services and Children's Social Care.
- The upcoming introduction of children and young people's 'Mental Health Champions' in children's social care teams, through a joint training venture with children's mental health services

The NHS England Quality Team Access audit that took place in Nov 2019 praised the collaborative journey travelled and sited the system as one of the best in the country and an example of best practice.

Introduction of on-line support via Kooth and Qwell (jointly commissioned funded)

Kooth

Kooth is a children and young people's digital online emotional health and wellbeing support service launched in June 2020. It provides additional early help support to children and young people aged 11-25 years. It delivers a free online support and counselling service, which enhances the current children and young people's early help offer and is part of the whole system approach to building resilience and tackling issues early, to avoid escalation later.

Take up of the service has been good, with many new registrations on a monthly basis. For the period October-December 2020, new registrations were 243, with a total of 2438 log ins (awaiting this quarters report) November was the busiest month. In terms of qualitative feedback provided by service users on the platform, snapshots are

- 'I tell everyone about Kooth. I love it here.'
- 'I just want to say this app is Amazing talking to someone has been Amazing you bring hope to so many people so from me thankyou to all of you and please tell your team this...Thank you ever so much'

An outcomes and impact report which will take a whole system view will be completed by the end of April 2021 to support any joint future funding discussions.

Qwell

Qwell in Northumberland was launched in September 2020 and has been commissioned as a one-year initial pilot to offer online counselling and support specifically for teaching staff in part as a response to COVID-19. It enables all teachers and teaching staff across Northumberland to access confidential online emotional wellbeing support, providing an early intervention and prevention response to mental health issues, therefore avoiding escalation to crisis where possible and building long term resilience.

October – December 2020 saw 89 new registrations with 273 log ins. Of these 85% were return logins. This has been a slower start than for Kooth, as expected due to a recognised sense of initial mistrust of online support by adults. However, registrations are increasing, and Xenzone are actively reaching out to potential service users, with stakeholder events being held within partnerships. The real value is identified within service user comments e.g.

'This place has been an absolute blessing. Hand on heart I don't know how things would've turned out. Thankfully I'm in a better place, it's a shame that Qwell doesn't offer the option to pay for more as I would. I did for the first time ever open up, maybe too much at times, but finally saw that I really needed to make a change. Sure, it's never easy making that step, being online for me is way easier than face to face.'

This is a jointly commissioned and paid for service between the CCG and NCC with costs split directly in half in its first year's pilot. A review of this service will also take place to assess initial impact and inform future funding discussions.

'Be You' Mental Health Support Teams (MHST) Trailblazer Pilot - Wave 1 & 3

The 'Be You' Mental Health Support Teams (MHST) in school's trailblazer, has facilitated a whole system collaborative response since the start of funding in 2018. Active participation in planning and delivery is provided by key individuals and services across health, education, and social care. The trailblazer steering group and sub-groups that oversee the direction and implementation of delivery, have representation from across the system, and the models developed for both wave 1 and 3 have involved input from all service areas, including third sector as well as children and young people and parent and carers.

The Mental Health Support Teams (MHST) themselves (named 'Be You' after children and young people's consultation) are multi-disciplinary. Monies from the trailblazer funding pot, provided by NHS England to the CCG, has been used to develop working practices and models across the system. This has included providing additional funding for Autistic Spectrum Disorder (ASD) and Attention-Deficit Hyperactivity Disorder (ADHD) group work for parents and carers, delivered by NCC Inclusive Education Services and Barnardo's. In addition, monies have been used to fund specific posts outside of health, including education posts such as an additional educational psychologist assistant and a senior mental health lead co-

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ordinator which has been filled by a senior teacher on a secondment. The funding has also enabled initiatives such as Kooth, Qwell and the 'Be You' Website to be developed which benefit the system.

The MHST Trailblazer waves at present only cover the four areas of Hexham, Blyth, Bedlington and Ashington, where possible some of the initiatives have been shared across the county such as training offers and the 'Be You' website. Future MHST pilot waves from 5-10 are due to be launched imminently and as a County we can apply. However, the funding will be passed via the Integrated Care System (ICS) as part of the 79 million national funding for children and young people's mental health services, earmarked by the Government. Priority is expected to be given for those areas in the ICS currently without any Trailblazer pilots, this will be to support the vision laid out by the government of 25% coverage of MHST teams across all areas of the country, by 2023-24.

Therefore, this may affect any opportunity to receive additional funding to grow the trailblazer more broadly across the county. However, there is an opportunity longer term to look at a system of alternative ways to grow and fund the trailblazer pilots across the county. Work has begun on developing a whole system outcomes framework for Northumberland, using as a starting point feedback from an initial workshop attended by professionals across the system as well as parents and carers.

The establishment of a whole system outcomes framework would further support joint funding discussions, not only for the trailblazer but more broadly, by potentially providing evidence of the impact that the pilot and other joint working initiatives are beginning to have across health, education and social care.

Co-location of Primary Mental Health Workers (PMHW) with Social Care Early Help Family Teams

Discussions are taking place to agree that post COVID-19 the Primary Mental Health Work (PMHW) teams will base themselves with the early help family work teams across the relevant children's centres. This will be to further develop future joint working initiatives. Plans are being developed for co-delivery of courses and joint assessment and support planning for children and young people and their families where relevant as part of this.

Introduction of 2 x Community Wellbeing Practitioners (CWP) posts within Social Care Family Teams

Traditionally CWP posts have sat in health, with initial funding provided by Health Education England. However, Northumberland decided as a system to sit the posts within social care, providing early help family teams with additional expertise in supporting young people's emotional health and wellbeing, which is often a key contributing factor to the difficulties experienced by many of the families on the team's caseload. The post-holders will work, under

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clinical supervision from the primary mental health work (PMHW) team in this joint initiative, as they will be expected to provide high-quality; brief outcome focused evidence-based interventions such as Cognitive Behavioural Therapy (CBT) and guided self-help for children and young people experiencing mild to moderate mental health difficulties.

Introduction of Specialist Posts

The CCG have funded specialist posts to provide support into key areas in the system, where there has been an identified gap in the pathway and delivery. These posts include a Community Matron post with a specialism around looked after Children (LAC) who has developed new ways of working including the enhancement of multi-disciplinary LAC mtgs, training, pathway reviews and advice drop ins for other professionals across the system, a specialist mental health post sitting within the Multi Agency Safeguarding Hub (MASH). A children's worker within the psychiatric liaison team at Northumbria Special Emergency Care Hospital (NSECH), a specialist mental health worker within the NCC young people's drug and alcohol Team 'Sorted' and within the youth offending team (YOT). Whilst not jointly funded and currently paid for by the CCG, these roles have seen a collaborative approach in responding to need. In addition, there has been recent agreement between the CCG and NCC to jointly fund a post within NCC inclusive education services that delivers the ASD group work programme entitled CYGNET to parents and carers, as the current trailblazer funding for this post is due to run out.

Co Funding of Sendiass between the CCG and NCC to develop Health input

Recent agreement has been made that the CCG Would co-fund with NCC the Sendiass service (Special Educational Needs and Disabilities Information Advice and Support Services) This service offers information, advice and support for parents and carers of children and young people with special educational needs and disabilities (SEND). As a result, closer and more collaborative working by Sendiass with health providers and services will be developed as part of future work planning.

3.Principles agreed, new ways of working, skill mix and integrated approach across all.

Integrated approach to therapeutic interventions – Speech and Language/Occupational Health and Special School Nursing

One of the priority areas identified via the Joint Strategic Needs Assessment (JSNA) and previous SEND inspection, highlighted once more in the recent SEND peer review, is the development of a jointly commissioned, integrated and innovative approach to the core therapies of speech and language, occupational therapy and special school nursing.

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The JSNA identified the need to define a clear core offer for therapies in each special school and across mainstream schools, with a jointly agreed workforce development plan to ensure that all partners (school staff, health and parent / carers) have the knowledge, skills and confidence to support children's health needs.

There has been some initial work done with the special school nursing service over the last 12 months in the form of the development and implementation of a needs led audit tool for Special Schools to complete. This has enabled each school to gain a better understanding and overview of the complexities of their current children. In addition, any new staff that have joined the special school nursing team, following staff leaving, have been utilised more flexibly across special schools, using the outcome of the audit to support. Whilst this is the start of the process it has certainly made a difference to some of the special schools which previously have not had adequate support.

Moving forward for collaborative innovation across these therapy pathways to be effective and transformational, a set of core principles which will provide strategic direction and transparent decision making will need to be agreed. A draft set of principles have been drawn up for consultation, these are:

Core Principles

- Shared roles
- Skill mixes of staff to be able to work flexibly
- Improved access
- Less miles travelled
- Personalisation agenda
- Promotes a single point of access
- Digital drop in
- Choice of appointments
- Improved MDT communication
- Reduction in duplication

Priority areas that will support the core Principles include

- Workforce planning and development – skill mix
- Integration of services

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- Engagement with Schools and Young people and their families
- Ensuring equitable and clear single access points
- Co-Production with Parents and Carers throughout development

The next steps to therapeutic review and service delivery transformation will be to:

Undertake engagement with parents and carers and social care and education staff, to understand the current challenges with accessing and gaining the right support from these services, taking in to account the impact of COVID-19 as part of this, agree and sign off all priority areas, and begin the initial discussions with service providers to understand current challenges and find the innovation. From this the aim will be to further develop the draft principles with the establishment of a project group. The principles will then be utilised to support decision making and aid the planning of new ways of working by the project group.

Conclusion

The full impact of COVID 19 has yet to be understood as we slowly recover from an unprecedented situation. Throughout these challenging times the system has pulled together to maintain services, transformed delivery and commissioned new services at pace to meet new demands. As a result of the pandemic some aspects of service redesign and engagement have really challenged our ability to progress our ambition around joint commissioning, however this paper demonstrates a road map to achieve our three key priorities of –

- 1. Better understanding of complex children's needs and costs.**
- 2. Early identification, predicting needs and planning provision**
- 3. Principles agreed to support new ways of working, skill mix and integrated approaches across services.**

The recent SEND Peer Review has provided some clear guidance for next steps within Northumberland's joint commissioning:

'Now is a good time to stand back and be clear what is needed for the future and your priorities beyond mental health. Focus your joint commissioning on outcomes that have impact, being clear about different roles and responsibilities across the partnership. Consider how you can shape services that are not directly provided by or exclusively for the Northumberland partnership, for example post-16, out of area special schools and colleges, residential care, and Health Trusts. Build systematic use of feedback from children and families into the quality assurance arrangements of all provision, directly provided and commissioned.'

To support this, there needs to be further development of child outcome data across the system, to inform strategic planning, joint commissioning, and to ensure sufficiency of local provision. In addition, Public Health has a key role in supporting the understanding of the

variation of need across Northumberland. This then needs to translate into decision making about service delivery and the appropriate deployment of resources.

Recommendation

Members of the Health and Wellbeing Board are asked to:

- Consider the content of this report and provide any recommendations and thoughts to aid future planning

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NORTHUMBERLAND COUNTY COUNCIL

HEALTH & WELLBEING BOARD

FORWARD PLAN 2020 - 2021

Lesley Bennett, Senior Democratic Services Officer
Tel: 01670 622613
E-mail Lesley.Bennett@northumberland.gov.uk

Updated : 25 March 2021

FORTHCOMING ITEMS

ISSUE	OFFICER CONTACT
8 April 2021	
<ul style="list-style-type: none"> • Update on the Northumberland COVID 19 Outbreak Prevention and Control Plan • Children and Young Peoples' Joint Commissioning Update 	Liz Morgan Helen Bowyer
10 June 2021	
<ul style="list-style-type: none"> • Update on the Northumberland COVID 19 Outbreak Prevention and Control Plan • Community Impact Assessment (including examining health inequalities and social isolation. • COVID 19 Outbreak Prevention and Control Plan Refresh 	Liz Morgan Liz Morgan

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MEETING DATE TO BE CONFIRMED

<ul style="list-style-type: none"> • CCG commissioning intentions and plans for 2020/21 • North East and North Cumbria Integrated Care System Strategic Five Year Plan 2019 • NTW Priorities Report • Care Home Quality Report (to include residents' own views) • Northumberland Cancer Strategy and Action Plan • Urgent and Emergency Care - Strategic Care • Child and Adolescent Mental Health • County Lines (Spring 2020) • CDOP Annual Report 	Siobhan Brown/Jen Coe Siobhan Brown Russell Patton Cath McEvoy-Carr Robin Hudson Siobhan Brown
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Updated : 25 March 2021

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REGULAR REPORTS

<p>Regular Reports</p> <ul style="list-style-type: none"> ● System Transformation Board Update ● SEND Written Statement Update - progress reports ● Population Health Management – Quarterly Update (Feb,May,Aug,Nov) <p>Annual Reports</p> <ul style="list-style-type: none"> ● Public Health Annual Report ● Northumbria Healthcare Foundation NHS Trust Annual Priorities Report ● Healthwatch Annual Report ● Northumberland Safeguarding Children Board (NSCB) Annual Report and Update of Issues Identified ● Safeguarding Adults Annual Report and Strategy Refresh ● Annual Health Protection Report ● Northumberland Cancer Strategy and Action Plan 	<p>?? Cath McEvoy-Carr Siobhan Brown</p> <p>Liz Morgan (APR) Claire Riley (MAY) David Thompson/Derry Nugent (JULY) Paula Mead (OCT)</p> <p>Paula Mead (OCT) Liz Morgan (OCT) Robin Hudson (DEC/JAN)</p>
<p>2 Yearly Report</p> <ul style="list-style-type: none"> ● Pharmaceutical Needs Assessment 	<p>Liz Morgan (APR 2021)</p>

**NORTHUMBERLAND COUNTY COUNCIL
HEALTH AND WELLBEING MONITORING REPORT 2019-2021**

Ref	Date	Report	Decision	Outcome
1.	13 June 2019	NHS Northumberland Clinical Commissioning Group delivery of Joint Health and Wellbeing Strategy 2018-28	RESOLVED that the programmes of work planned by the CCG in its 2019/20 Operational Plan that will support delivery of the themes and outcomes in the JHWS, and Board Members' comments, be noted.	No further action required.
2.	13 June 2019	Northumberland Physical Activity Strategy	RESOLVED that (1) The role of Northumberland Sport in developing and then leading a multi-partnership approach to develop the Northumberland Physical Activity Strategy be acknowledged; and (2) The Northumberland Physical Activity Strategy be approved and the role of Northumberland Sport in developing and delivering the action plan be supported.	No further action required.

Updated : 25 March 2021

3.		Provision of Dental Services in Rothbury and Hadston	RESOLVED that the update be noted and comments from the Board be sent to NHS England	No further action required.
4.	13 June 2019	Application for Consolidation of two Pharmacies in Alnwick	RESOLVED that the proposed two consolidation of the two Boots pharmacies in Alnwick be supported.	No further action required.
5.	8 August 2019	SEND Written Statement Update	RESOLVED that (1) The contents of the report be noted. (2) The ongoing developments be noted (3) Members continue to be kept informed of progress made	Report to future meetings as appropriate
6.	8 August 2019	Northumberland Joint Health and Wellbeing Strategy - Draft Action Plans	RESOLVED that (1) The information be noted. (2) agreement be given to establishing the above task and finish groups and (3) the membership and terms of reference of each task and finish group be confirmed at the next meeting of the Board	Report to September 2019 Board meeting
7.	12 September 2019	Director of Public Health Annual Report 2018	RESOLVED that	

			<p>(1) The report be noted and recommendations accepted.</p> <p>(2) The Health & Wellbeing Board commits to the Prevention Concordat for Better Mental Health</p>	
8.	12 September 2019	NHS Long Term Plan/NE North Cumbria Integrated Care System Update	<p>RESOLVED that</p> <p>That the information provided be noted.</p>	
9.	12 September 2019	Role of Voluntary Sector in supporting Health & Wellbeing Strategy and wider agenda	<p>RESOLVED that</p> <p>(1) The value and support the VCSE can provide to public sector to improve health and wellbeing of people across the county.</p> <p>(2) VCSE continues as equal partner i strategic decision making and in co-production of health and care services</p> <p>(3) VCSE to be engaged at beginning stage of decision making process in order to ensure maximum potential of sector is actualised.</p>	
10.	12 September 2019	Ofsted Joint Targeted Area Inspection	RESOLVED that	

			The information and plans be noted.	
11.	12 September 2019	New Adult and Children's Safeguarding Arrangements	RESOLVED that The information and plans be noted.	
12.	12 September 2019	Healthwatch Annual Report	RESOLVED that the report be received.	
13.	12 September 2019	Terms of Reference for agreed Task and Finish Groups	RESOLVED that (1) The terms of reference of the three Task & Finish Groups be agreed. (2) Councillor representation be agreed as follows:- Profile, Communications & Profile - W. Daley Impact of Board - C.R. Homer Terms of Reference & Governance - S. Dickinson (3) The reporting timeline be agreed.	
14.	10 October 2019	Local System Review Phase 2 Progress Report	RESOLVED to note the progress made by the project and make any further recommendations regarding the direction	
15.	10 October 2019	Joint Strategic Needs Assessment for Special Educational Needs and Disability (SEND JSNA)	RESOLVED (1) Board members to disseminate contents within their organisations	

			(2) Findings from SEND JSNA considered and where appropriate, acted upon by those with the responsibility for delivering the SEND Strategy and the commissioning decisions arising from it.	
16.	10 October 2019	Response to Prevention Green Paper	RESOLVED to agree the response to the consultation by the Director of Public Health on behalf of the Board.	
17.	14 November 2019	North Tyneside and Northumberland Safeguarding Adults Board	RESOLVED that the Annual Report 2018/19 and Annual Plan 2019/20 be received	
18.	14 November 2019	Final Annual Report 2018/19 Safeguarding Children in Northumberland	RESOLVED that (1) the content of the Northumberland Safeguarding Children Board Final Annual Report be noted. (2) the replacement of the NSCB by the Northumberland Strategic Safeguarding Partnership (NSSP) as set out in the Children	

			and Social Act 2017, be noted. (3) A report be submitted to the Board in spring 2020 providing more details about County Lines and the extent of the problem in the North East.	
19.	14 November 2019	Joint Winter Plan 2019/20	RESOLVED that the presentation be noted.	
20.	7 January 2020	Better Care Fund Update	RESOLVED that (a) the submitted Better Care Fund 2019/21 plan which sets out how Northumberland will meet the nationally mandated conditions and maintain integration across health and social care be noted. (b) To continue to monitor the Better Care Fund 2019/21 and for progress updates to be provided on a regular basis.	

			(c) To actively showcase the positive performance of services within Northumberland.	
21.	13 February 2020	Task & Finish Groups	<p>RESOLVED that</p> <p>(1) the revised terms of reference, reporting arrangements, proposal to reduce the frequency of meetings to bi-monthly and supporting operating principles be approved.</p> <p>(2) the recommendations for raising the profile of the Health and Wellbeing Board and for communication and engagement be supported; and a mechanism to implement them be agreed.</p> <p>(3) the plans to refresh the Joint Strategic Needs Assessment (JSNA) and the development of a Joint Health and Wellbeing Strategy Performance Dashboard and Outcomes</p>	

			Framework be supported.	
22.	13 February 2020	Oral Health Strategy Update	<p>RESOLVED that</p> <p>(1) the progress made on the oral health action plan and next steps for delivery be noted;</p> <p>(2) the progress made in varying the existing community water fluoridation arrangements in Northumberland be noted;</p> <p>(3) key questions and issues which were likely to be raised by communities and other stakeholders in response to the proposal to inform a future consultation process.</p>	
23	13 February 2020	Update on Novel Coronavirus	<p>RESOLVED that the presentation be noted.</p>	
24	9 July 2020	Draft Northumberland COVID-19 Outbreak Prevention and Control Plan	<p>(1) the draft local COVID-19 Outbreak Prevention and Control Plan be agreed.</p> <p>(2) the role of the Health & Wellbeing Board's role as the body responsible for the delivery of the plan as</p>	

			<p>reflected in the proposed delegation be noted. (3) authority to amend the plan in the light of emerging evidence, changing guidance and operational pressures be delegated to the Director of Public Health, Chief Executive of the Council and the Chair of the Health & Wellbeing Board. (4) The membership of the Communications and Engagement Sub-group be agreed as follows:-</p> <p>Councillor V. Jones (Chair) Director of Public Health Head of Communications, Northumberland County Council Head of Communications, Northumbria Healthcare NHS Trust Health & Wellbeing Board Members</p> <ul style="list-style-type: none"> • Councillor W Daley • Councillor R.R. Dodd • Councillor S. Dungworth • Councillor C.R. Homer • Councillor P.A. Jackson <p>Healthwatch (Derry Nugent)</p>	
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			Voluntary Sector Representative Other representatives to be considered including from the business community	
25	13 August 2020	Draft Northumberland COVID-19 Outbreak Prevention and Control Plan	RESOLVED that the report be noted.	
26	13 August 2020	Director of Public Health Annual Report 2019 – Creative Health	RESOLVED that (1) the content and recommendations of the Annual Report 2019 be supported. (2) discussion take place on approaches to developing a North East Creative Health Hub. (3) the role of Creative Health Champions in CCGs, NHS Trusts and Northumberland County Council be supported.	
27	10 September 2020	Update on the Northumberland COVID 19 Outbreak Prevention and Control Plan	RESOLVED that the report and information be received.	
28	10 September 2020	Northumberland Flu Plan 2020/21	RESOLVED that presentation be received.	

29	8 October 2020	Update on the Northumberland COVID 19 Outbreak Prevention and Control Plan	RESOLVED that the report and information be received.	
30	12 November 2020	Update on the Northumberland COVID 19 Outbreak Prevention and Control Plan	RESOLVED that the report and comments made, be noted	
31	12 November 2020	Population Health Management	RESOLVED that:- (a) the presentation be received, and (b) regular progress updates be received by the Health and Wellbeing Board on a quarterly basis	
32	12 November 2020	Communications and Engagement Sub-Group	RESOLVED that:- (a) the information be noted, and (b) all communications and engagement relating to COVID 19 be included within the Health and Wellbeing Board instead of being reported to the Communications and Engagement Sub Group.	
33	10 December 2020	Update on the Northumberland COVID 19 Outbreak Prevention and Control Plan	RESOLVED that: 1. the report be noted; 2. the infection rate in Northumberland and current issues, be noted;	

			<p>3. comments on the progress of the local COVID 19 Outbreak Prevention and Control Plan be noted, and</p> <p>4. the approach being taken for rapid community testing be supported.</p>	
34	10 December 2020	Update on Mental Health and Wellbeing in Northumberland	<p>RESOLVED that:-</p> <p>1. the report be noted;</p> <p>2. progress made on Recommendations in Director of Public Health Annual Report 2018- Mental Wealth be noted;</p> <p>3. feedback from our Services/Providers in the attached Mental Health Scoping Paper including new ways of working during COVID 19 be noted, and</p> <p>4. comments made on local response to provide extra capacity and the right response to support mental health and wellbeing be noted.</p>	
35	14 January 2021	Update on the Northumberland COVID 19 Outbreak Prevention and Control Plan	<p>RESOLVED that:-</p> <p>1. the information be noted;</p>	

			<p>2. the infection rate in Northumberland and current issues, be noted, and</p> <p>3. comments on the progress of the local COVID 19 Outbreak Prevention and Control Plan be noted.</p>	
36	14 January 2021	COVID 19 Vaccine Roll Out	RESOLVED that the presentation and comments made be noted.	
37	14 January 2021	Northumberland Strategic Safeguarding Partnership (NSSP) Annual Report April 2019- September 2020	RESOLVED that the report be received for information.	
38	14 January 2021	North Tyneside and Northumberland Safeguarding Adults Annual Report – 2019/20	RESOLVED that the report be noted.	
39	14 January 2021	Communications and Engagement	RESOLVED that the information provided within the presentation be noted.	
40	11 February 2021	Integrated Care Systems	RESOLVED that the presentation and comments made be noted.	

41	11 February 2021	Health Improvement for Northumberland	RESOLVED that the presentation and comments made be noted.	
42	11 February 2021	Update on the Northumberland COVID 19 Outbreak Prevention and Control Plan	RESOLVED that the presentation and comments made be noted.	
43	11 February 2021	COVID19 Vaccine Roll Out	RESOLVED that the presentation and comments made be noted.	
44	11 February 2021	Communications and Engagement	RESOLVED that the information provided within the presentation be noted.	
45	11 February 2021	Inspection of Local Authority Children's Services (ILACS)	RESOLVED that the findings and progress be acknowledged.	

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