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NORTHUMBERLAND COUNTY COUNCIL

HEALTH AND WELL-BEING BOARD

At the meeting of the **Health and Well-being Board** held at Council Chamber, County Hall, Morpeth on Thursday, 14 July 2022 at 10.00 am.

PRESENT

P Ezhilchelvan (Chair) (in the Chair)

BOARD MEMBERS

Anderson, E. (substitute)	Pattison, W.
Blair, A.	Sanderson, H.G.H.
Boyack, J.	Simpson, E.
Brown, S.	Syers, G.
Lothian, J.	Thompson, D.
Mead, P.	Travers, P.
O'Neill, G. (substitute)	

ALSO PRESENT

Jones, V.	Chair of Health & Wellbeing OSC
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IN ATTENDANCE

C. Angus	Scrutiny Officer
L.M. Bennett	Senior Democratic Service Officer
D. Nugent	Healthwatch
C. Wheatley	Northumbria Police

69 APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors G. Renner-Thompson, J. Watson and S. Lamb, E. Morgan, R. O'Farrell, and G. Reiter.

70 MINUTES

RESOLVED that the minutes of the meeting of the Health and Wellbeing Board held on 12 May 2022, as circulated, be confirmed as a true record and signed by the Chair.

71 INTEGRATING SERVICES SUPPORTING CHILDREN AND YOUNG PEOPLE

Members received a report seeking support for the approach Northumberland was planning to take to progress a children and young people's (CYP) model for integrated system working.

Ch.'s Initials.....

Gill O'Neill, Interim Deputy Director of Public Health, made the following key points:-

- This was an early thinking report for discussion and to provide a context for the approach that could be taken and building on work already happening including:-
 - Evolution of the Family Hubs Model and
 - Healthy Family Partnership Board
- It was aimed to improve life chances for children growing up in Northumberland and aspiring to close the health, social and educational inequality gap. This would be a two year journey building on the significant strengths and assets in local communities and the interventions currently offered:-
 - Integration could improve
 - Outcomes for children and families
 - Service user experience
 - Efficiency across organisations/services
 - National policy requirement
- A number of metrics were already in place in the Joint Health & Wellbeing Strategy. The aspirations were set high for a child born in 2024 and was in relation to how the today's gaps from an inequality aspect were closed.
- How far do we take integration? Was it looking at the whole system and Northumberland £ - commissioning and delivering differently with shared leadership, outcomes and risks with our CYP and families.
- Interface with Inequalities Plan – the interface was critical, and it was important to improve sharing of data and insights, upscale community centred approaches, align organisations and resources and looking through an inequalities lens.
- At neighbourhood level – what could be done with civic leverage, how could services be enhanced and how to ensure to think community first?
- Children's integration was a complex picture. It was important to move beyond the health and social care system. Collaborative work was ongoing with a wider system interface including Strategic Boards. Virtual interaction was emphasised along with place-based offers such as community centres and leisure centres.
- Starting with a culture and leadership perspective – without these shared values and behaviours it would not be possible to achieve the vision aspired to.
- Layers of culture and leadership change – a first senior collaboration workshop had been held to identify actions including working with middle managers and front-line staff and having locality conversations.
- Future state...to be determined as a collaboration
- Working with Family Hubs, refreshing the CYPSP, having a population health management approach, shared outcomes, digital systems in harmony, joint commissioning, risk sharing and joint leadership in everything we do.

The following comments were made:-

- For a child born in 2024, there were key measures such as school readiness and there was national standardised data on physical literacy, speech and

Ch.'s Initials.....

language. There was a lot of variety across Northumberland. If the position of families was better understood there could be work to close that gap. It was hoped to see whether a difference had been made in 2030 when the child born in 2024 would be six years old.

- A workshop had taking place to look at the Health and Care White Paper and what that meant for 'Place' and all the points raised had been echoed there. Membership included the System Transformation Board and other key people including the new Chief Executive of the Integrated Care Board. It was exciting to consider what could be done around inequalities going forward.
- This would be closely linked with the Joint Health & Wellbeing Strategy and the 'Best Start in Life', which had already been referred to, was a key pillar of that Strategy along with a resilient communities component and this work would traverse across those areas. It was also important to look at other metrics which could be pulled out to focus on collectively.
- The work of the Safeguarding Partnership was acknowledged, and it was suggested that reference to it be strengthened in the document.
- Although structures were changing due to the ICS, place based discussions could still take place.
- The report was not about setting in place new structures but more about working collectively to build on what was already in existence.

RESOLVED that

- (1) the comments of the Board be noted.
- (2) The evolution/expansion of the Family Hubs model as the mechanism to drive forward CYP integration and the governance process be approved;
- (3) The proposed approach to culture and leadership change and interface with community centred/place-based approaches to tackle inequalities be supported.

72 **AGING WELL SERVICE REVIEW**

Gill O'Neill, Interim Deputy Director of Public Health, presented an update on healthy aging activity; a refreshed consideration of the evaluation of the Ageing Well Programme completed in January 2020; and the proposed next steps.

The following comments were made:-

- Northumberland's population was ageing, and this was most evident in the rural population. 25.1% of the population was estimated to be aged 65+ in 2020 compared to the England average of 18.5%.
- A service review of the Ageing Well Programme was undertaken in 2019 and the Ageing Well Partnership Board was in place to provide strategic leadership.
- The programme had been very well received along with the vibrant network it produced. The Board was felt to need broader system representation and greater accountability and to work towards clearer outcomes and metrics.
- The programme was now being looked at again and the original recommendations were felt to still be appropriate and robust. The next

Ch.'s Initials.....

steps were

- Refresh the Board with broader, system wide membership reaching out into housing, North of Tyne etc.
- Rename it the Health Ageing Board.
- Develop a strategy and work plan which would interface with other work taking place such as the developing Dementia Strategy and Physical Activity Strategy and Inequalities Plan.
- Director of Public Health to chair the Board as an interim measure while an independent Chair was sought.

Members made the following comments:-

- A recent Ageing Well event had been held at Powburn which had been a very good event and also well attended.
- It was suggested that more should be done to encourage and enlist the support of volunteers in the community. This would be added to the considerations during the refresh of the Ageing Well Strategy.

RESOLVED that

- (1) the comments of the Board be noted.
- (2) the refresh of a strategic Northumberland Healthy Ageing Board accountable to the Health and Wellbeing Board be supported.
- (3) Inclusion of the importance of volunteering to be considered during the refresh.
- (4) The refreshed Northumberland Health Ageing Board be chaired by the Director of Public Health.
- (5) the decision to appoint an independent chair of the Health Ageing Board be delegated to the Director of Public Health in consultation with the portfolio holder for Adult Wellbeing.

73 **LIVING WITH COVID**

Members received a verbal update from Gill O'Neill, Interim Deputy Director for Public Health.

Gill O'Neill highlighted the following key areas:-

- Week ending 29 June 2022, ONS survey figures estimated that 1:25 people in England were infected. This was an increase over all areas but particularly in London, South West, and the North East and over all age groups with the highest prevalence in secondary school and working age adults.
- It was estimated that the BA.4 and BA.5 Omicron variants were now responsible for 60% of cases.
- Hospital admissions with COVID had increased since the end of May with 15 per day in Northumberland and 70 in hospital. However, most were not in hospital because of COVID but were discovered to be positive on testing.

Ch.'s Initials.....

- Numbers on mechanical ventilation remained low.
- Staff absences remained the biggest issue.
- Northumberland had one of the highest rates of vaccination uptake. Spring booster uptake was approximately 85%. Interim advice had been issued about the autumn booster programme and would include residents in care homes (older adults and staff), front line health and social care staff, 65+ years old, and adults 16-64 years old.
- Nationally comms regarding combined flu and COVID was being looked at.
- A new 'Listen to Liz' video was to be made emphasising the need for people to stay at home if ill, to be vaccinated and wear a mask if in close proximity to vulnerable people.

The following comments were made:-

- The main issue for the Northumbria Health Trust was currently staffing issues were having a significant impact in both primary and secondary care. Although there were not high numbers of people who were very ill with COVID, more people may still attend A&E. Patients testing positive could lead to cancellation of surgery at short notice.
- It was suggested that an interactive session be held around 'Place' to look at how well the County Council and its partners were working together and at any issues particularly relating to Northumberland. It was noted that the Board was having an informal development session immediately following the meeting and that issues such as this could be considered.

RESOLVED that the verbal update be received.

74 **HEALTH AND WELLBEING BOARD – FORWARD PLAN**

Members received the latest version of the Forward Plan. The Chair reported that the Living with COVID item would be less prominent on the agenda in future.

RESOLVED that the Forward Plan be noted.

75 **DATE OF NEXT MEETING**

The next meeting will be held on Thursday, 11 August 2022, at 10.00 a.m. in County Hall, Morpeth.

CHAIR.....

DATE.....

Ch.'s Initials.....

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Northumberland
County Council

Children and Young People Integration Proposals

Health and Wellbeing Board
July 2022

Gill O'Neill Interim Deputy Director of Public Health

www.northumberland.gov.uk

Purpose of the report

To provide context for the approach Northumberland could take to progress a children and young people's (CYP) integrated system model and a proposed way forward.

Strong Foundations

Page 2
Joint Health & Wellbeing Strategy
Best Start in Life

Children and Young people's Strategic Partnership

Inequalities Plan
Community centred, place-based approaches

Integrated Care System & creation of a Place Based Board

Family Hubs Model for Northumberland

Section 75 partnership agreement: NCC & HDFT 0 – 19 service

Introduction and aim

- **Aim** to improve life chances for the children growing up in Northumberland and aspire to close the unacceptable health, social and educational inequality gaps that exist currently.
- This is a **two year plus change journey** and it is building on significant strengths and assets that are evident in our communities and the interventions we currently offer.

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1. *What can families and our young people do for themselves?*
 2. *What do families and our young people need a little bit of help with?*
 3. *What is it that families and young people need agencies to do?*
- CYP system integration will develop a shared purpose to achieve this change through the pooling of resources and commitment to deliver the shared outcomes through a 'Think Family' approach – ***working better together.***

Why Integration?

1. Improve outcomes for children & families

- JSNA (data) – reduced inequalities gap and improve outcomes for all
- Evidence based practice
- Who is best placed to do what?
- **Think family** and have holistic support

2. Improve service user experience

- Reduce the need for repeated conversations or silo support
- Co production approach with families / CYP

3. Improve efficiency across organisations / services

- Structure and / or process
- Value for money (VFM) and reduction in duplication

4. National policy requirement

Evaluation & Evidence of Impact

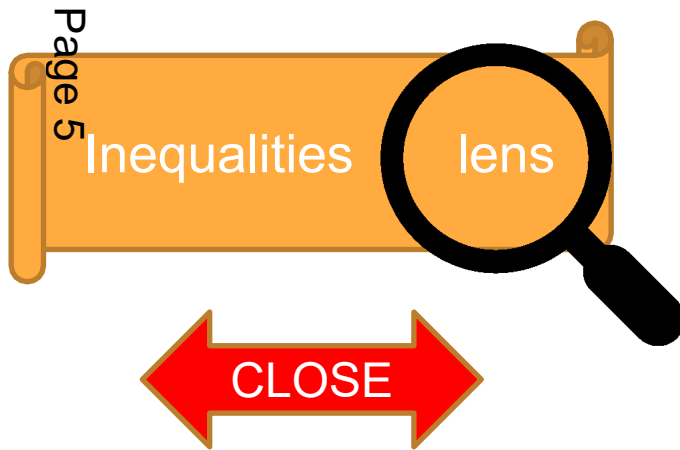
- Focus has been on older adults nationally
- Focus has been on health & social care not wider system eg links with education, libraries, housing
- Evidence tells us:
 - Relationships matter more than structures
 - Culture change takes time to embed
 - Enhances quality
 - This can enhance staff satisfaction

Northumberland evaluation

- Northumberland can lead change and add to the evidence base

Setting our aspirations high – new metrics...

- A child born in 2024 will....
- A child turning six in 2030 will...
- A child turning 16 in 2030 will...



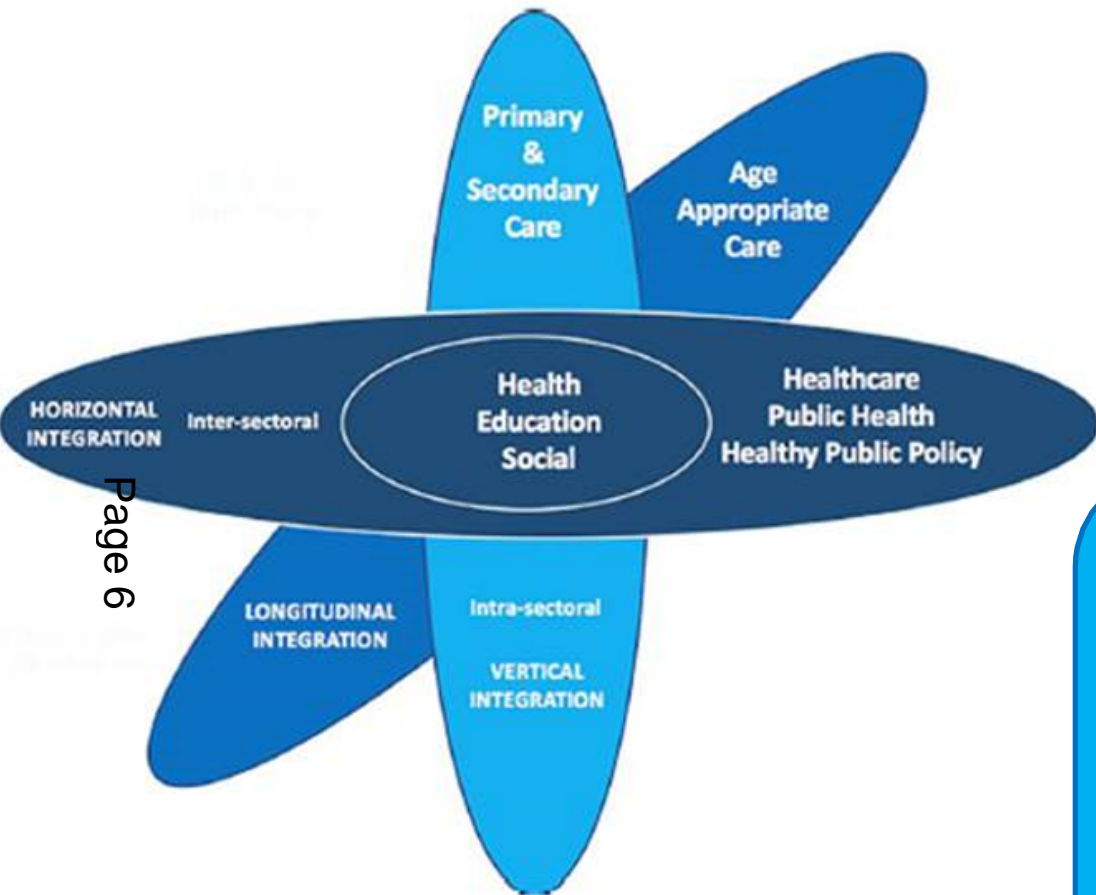


Fig. 1. Intra-sectoral and inter-sectoral integration for child health.

Degrees of integration

- Vertical intra-sectoral: pathways eg respiratory
- Horizontal inter-sectoral: mental health
- Longitudinal integration: Education Health Care Plans

Levels of integration:

1. When is effective signposting sufficient?
2. When is co-location of staff sufficient?
3. Service delivery to children/families (pathways)
4. Management of local services merged
5. **Whole system – Northumberland £ - commissioning & delivering differently with shared leadership, shared outcomes, shared risks with our CYP & families**

Interface with Inequalities Plan

1. Improve our data and insights sharing
2. Upscale community centred approaches as our core delivery model – three questions from Cormac
3. Align our organisations and resources (not just about funding)
4. **Look at everything through an inequalities lens**

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Participation
Not
Representation

At a neighbourhood level of thinking:


1. What can we do with civic leverage?
2. How can we enhance our services?
3. How can we ensure we think community 1st?

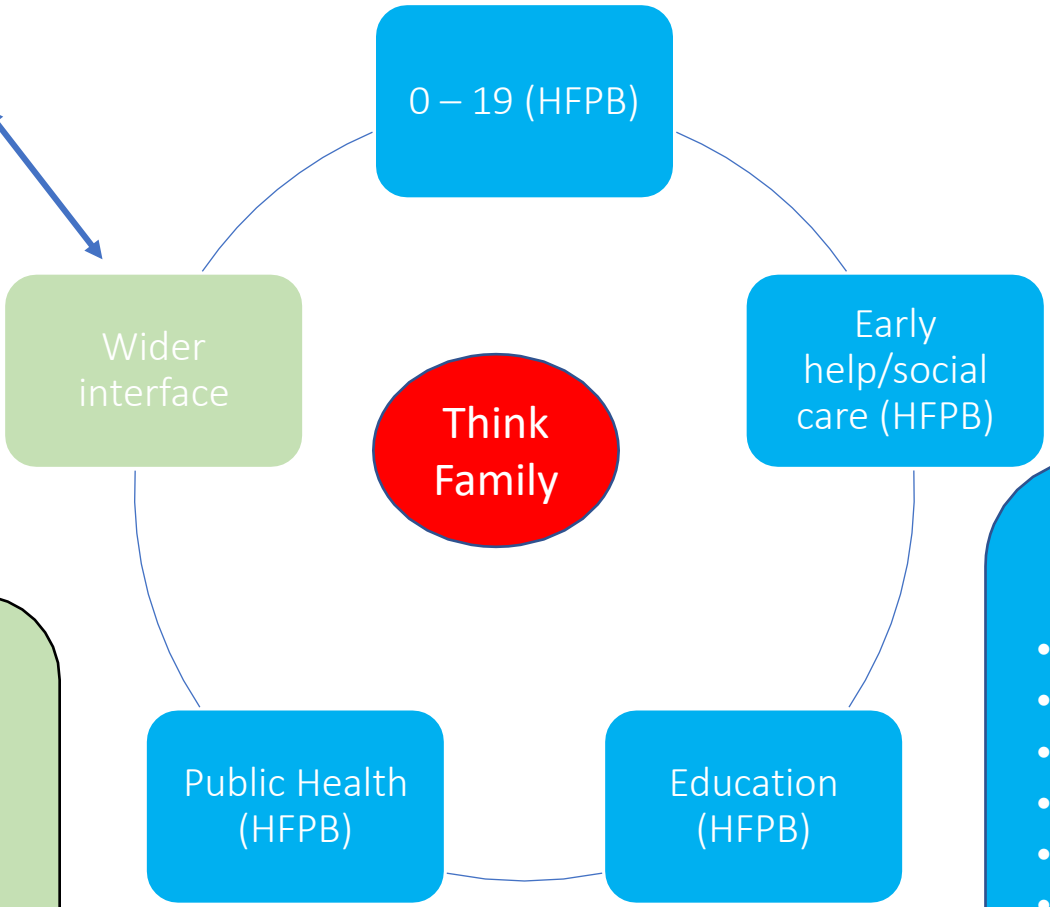


In scope

Interface with the emerging Inequalities Plan

- ### Place?
- Virtual
 - Digital
 - Home
 - **Family Hubs**
 - Health Centres
 - Schools
 - Libraries
 - Leisure Centres
 - Community buildings
- 

- ### Wider system interface:
- ICS/ICB
 - Health Watch
 - PCNs
 - CNTW
 - NHCT (maternity, paediatrics)
 - NCT
 - VCS
 - Welfare support
 - Housing
 - Youth service
 - Police
 - CJS
- 



- ### Strategic Boards:
- 
- Place based board (ICB)
 - CYP Strategic Partnership
 - Family Hubs implementation grp
 - SEND strategic Board
 - Safeguarding strategic board
 - Multi agency joint integrated commissioning (MAJIC) group

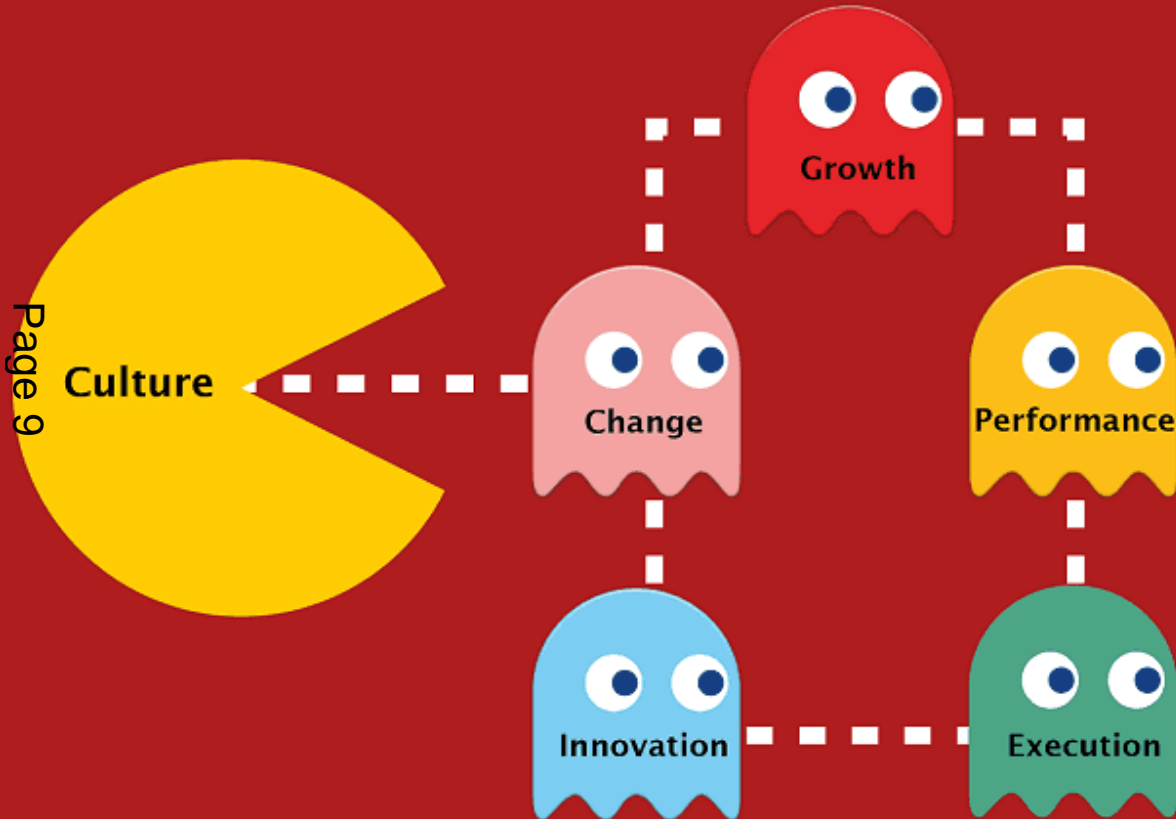
- ### Pathways which are part of partnership?
- 
- Enhanced Health Visitor
 - Drugs & alcohol
 - Mental Health
 - Domestic abuse
 - Speech & language
 - Unintentional injuries
 - Special school nursing
 - Continence
 - Healthy weight

Universal through to targeted based on need / vulnerability

Why start with culture and leadership?

Organizational culture eats strategy for breakfast, lunch and dinner

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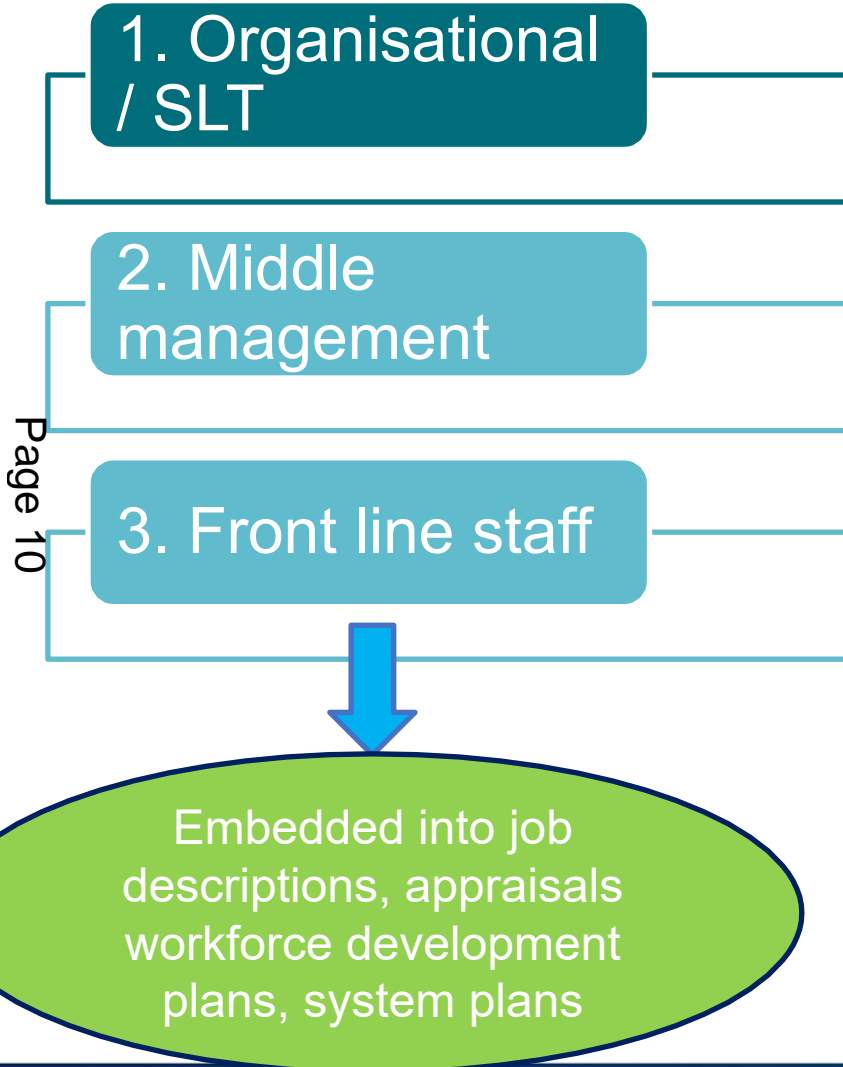


Torben Rick www.torbenrick.eu

We can have all the policies, strategies, action plans, training programmes, performance indicators we want to measure but if we don't have a shared culture and values which breed humanity, acceptance and trust we won't achieve the vision we aspire to...



Layers of culture and leadership change – forward plan...



Held first senior collaboration workshop:

1. What are our shared hopes and worries for integration?
2. What can integration achieve?
3. What are our shared values across our organisations?
4. How do we turn values into behaviours?
5. How will we measure success?

ACTIONS

- Organisational maturity (readiness) to do this?
- Develop our collaboration charter
- Work with middle managers and front-line staff to have locality conversations:
 - Shared values, beliefs and behaviours
 - Good practice to build on?
 - What works well now?
 - What can be improved and how?

Future state...to be determined as a collaboration

- Family Hubs as the core to build integration
- Governance - Refresh of the CYPSP
- Data – work towards a population health management approach
- Shared outcomes – single version of the truth
- Estate – co location as the norm
- Digital systems – as in harmony as possible
- Joint commissioning
- Joint risk sharing
- Joint leadership in all we do

Recommendations

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- To note the evidence for CYP integration and types of integration possible
- To agree the evolution / expansion of the Family Hubs model as the mechanism to drive forward CYP integration
- To agree the governance for CYP integration
- To discuss and agree the proposed approach to culture and leadership change and interface with community centred/place based approaches to tackle inequalities.