



Northumberland County Council

HEALTH AND WELLBEING BOARD

14TH JULY 2022

INTEGRATING SERVICES SUPPORTING CHILDREN AND YOUNG PEOPLE

Report of Liz Morgan, Interim Executive Director of Public Health and Community Services

Cabinet Member: Cllr Guy Renner-Thompson – Children and Young People

Purpose of report

To seek support for the approach Northumberland is planning to take to progress a children and young people's (CYP) model for integrated system working.

Recommendations

The Health and Wellbeing Board is recommended to:

- Comment on 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 and the governance process;
- To support the proposed approach to culture and leadership change and interface with community centred/place-based approaches to tackle inequalities.

Link to Corporate Plan

This report links to the Living and Learning priorities in the Northumberland Corporate Plan 2021-2024 and specifically, the commitment to provide sustainable support to children and families through innovation and new ways of working.

Key issues

The Northumberland Health and Wellbeing Board and the North East and North Cumbria (NENC) Integrated Care System (ICS) are committed to promoting the integration of services across health and care. There is good evidence that integrated care enhances service user satisfaction, increases the perceived quality of care, enables access to services and a better use of resources. Most of the evidence relates to adult services rather than those for children.

Northumberland Healthy Families Partnership Board and the emerging Family Hubs model are both committed to integrating services which support CYP and their families. These

fora provide a foundation for a broader approach which encompasses all CYP services including the voluntary, community and social enterprise sector. The ambition is to achieve a state of shared leadership, planning and delivery so that CYP and families receive joined up support from all aspects of health, education and social care from prevention and early intervention through to treatment and recovery and including building on existing assets.

This level of integration and change will only be achieved if there is a shared culture, values and beliefs and a shared understanding of how mature the system is in collaborative working and what that means in practice. The intention is to lay the foundations for effective service integration through investment in a programme of system and organisational development starting with senior leaders who can change the way services are delivered in their organisations.

Background

There is robust evidence¹ which demonstrates the importance of improving the life chances for children from conception, with a particular emphasis on the early years and reducing the gap in health and social inequalities. Moving through the life course to the age of 19, or 25 for children with SEND and care leavers, there is a drive towards closing the gap in outcomes for those young people who are disadvantaged such as looked after children, young carers or those who have a special educational need or disability.

The principle underpinning social factors that impact on CYP outcomes are poverty, parental income, quality of housing and access to social networks. All these factors are to be considered in the developing Inequalities Plan for Northumberland with multi agency stakeholders contributing to improving outcomes as part of a 'health in all policies' approach. Reducing inequalities and delivering improved health and social outcomes for children and young people are the primary goals of the Northumberland Children and Young People's Strategic Partnership (CYPSP). No one agency can achieve this alone and there are benefits in closer collaboration and pooling of resources to provide a more holistic approach to working with CYP and families.

Health and social care integration has been in progress for adult / elderly care services for several years (albeit the evidence base for better outcomes is mixed²) and there is benefit in exploring what a collaborative delivery model for conception to 19 years (25 years for SEND and care leavers) could look like and how that would work differently on the 'front line' to ensure every contact made has a positive impact for our children and young people across all of our towns and settlements to ensure equity of access and support – at the right time and in the right place.

The system is complex and delivering at the front line and into key settings such as education is where the difference in quality and efficiency can be maximised. A focus is on making the best use of collective resources, addressing health and social inequalities while supporting the development of resilience and resourcefulness in children and families.

There is a strategic expectation around the delivery of integrated services. The NENC ICS should bring together providers and commissioners of NHS services with local authorities

¹ <https://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review>

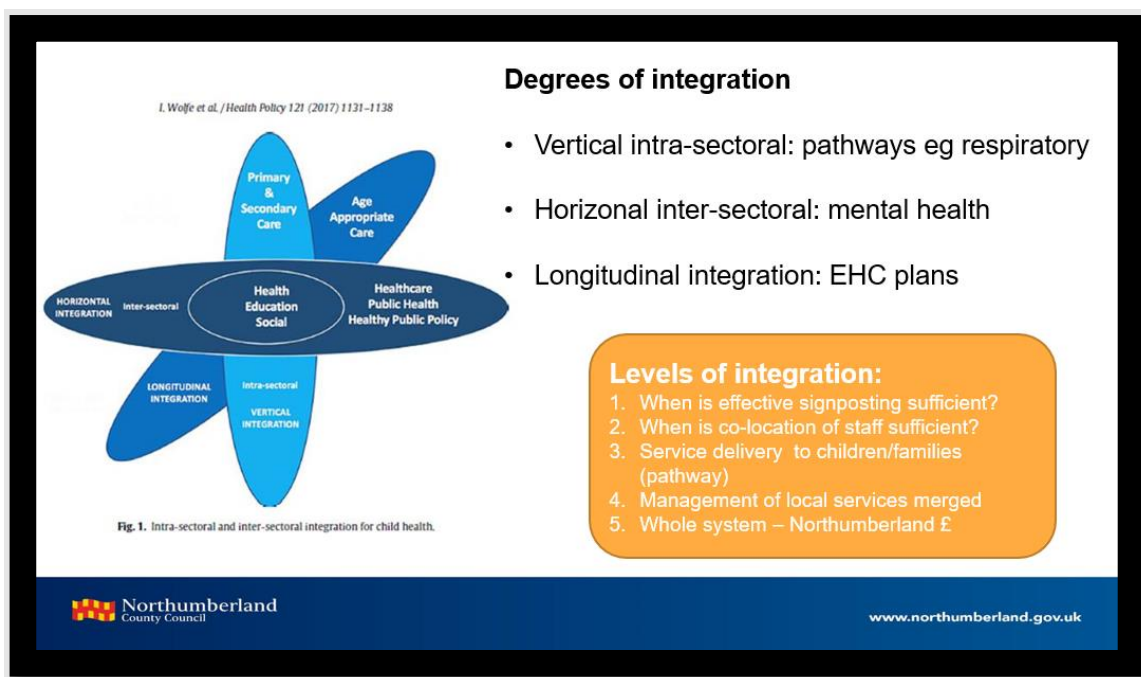
² <https://www.nuffieldtrust.org.uk/research/integrating-health-and-social-care-a-comparison-of-policy-and-progress-across-the-four-countries-of-the-uk>

and other local partners to plan, co-ordinate and commission health and care services. The aim is for services to shift towards collaboration, with health and care organisations working together to integrate services and improve population health. The Health and Care Bill will place ICSs on a statutory footing from July 2022.

One of the statutory functions of the Health and Wellbeing Board is to encourage all health and care organisations which operate within Northumberland to work together in an integrated manner. More locally, integration is one of the priority areas in Theme 2 (Taking a Whole System Approach) of the Northumberland Joint Health and Wellbeing Strategy (JHWS) 2018 – 2028. Theme 1 of the JHWS relates to giving children and young people the best start in life, to which integrated services for children and young people will be a component.

What is integration?

Figure 1: Types of integration



Part of the work to be undertaken in Northumberland is agreeing the local definition of integration and setting the ambition which we want to achieve and why; what problem is being solved by integration and measuring our success in achieving that. Taking an integrated model as the end point, clear frameworks provide a mechanism to achieve that.

The population intervention triangle³ will be one theoretical framework which will be used as it is a place-based approach taking into consideration what can be done at a civic level; what can be done to enhance service delivery; and what can be achieved to best effect with and by the community (CYP & families). This can be overlaid by continually asking:

- What can communities do for themselves
- What do communities (CYP & families) need a little help with?
- What do agencies need to do because communities (CYP & families) are unable to.

³ <https://www.gov.uk/government/publications/health-inequalities-place-based-approaches-to-reduce-inequalities/place-based-approaches-for-reducing-health-inequalities-main-report>

To remain fully aligned to the national Family Hubs work, the Family Hubs Access, Connection and Relationships model will also be used.

Current infrastructure and governance (Healthy Families Partnership Board and Family Hubs)

There have been two significant developments recently which make the timing right in Northumberland to explore what an integrated system could look like and achieve.

Within the S75 partnership agreement between NCC and Harrogate and District Foundation Trust (HDFT) there is a significant opportunity to consider how we work differently as a collaboration and with our families.

The agreement sets out how the partners have agreed to work together and what commitments each partner has made. The relationship which it describes is one in which some of the Council's statutory functions are delegated to the Trust, and the Council fund the Trust to enable it to carry out those functions, rather than a contractual relationship in which the Trust will provide services for the Council in return for payment. The partners jointly develop plans for the Services covered by the agreement and jointly monitor the quality and performance of the Services.

The objective of this agreement is to ensure that public health services in Northumberland for children, young people and their families form a key element in an integrated and comprehensive system of prevention and early help. These public health services are based on the Healthy Child Programme framework. In particular, the Partners aim to achieve arrangements which:

- Create services which better understand and respond to all aspects of the needs of children, young people and families
- Make access to services as easy as possible for children, young people and families who need them
- Meet well and effectively all statutory requirements to provide universal support to children, young people and families, while focusing particular attention on identifying and supporting those children, young people and families who have additional needs
- Promote joint working between all public, voluntary, community and other bodies which support children, young people and families, aiming to make the most effective use of the skills and resources of all services, minimising duplication and encouraging mutual understanding and shared learning
- Are open to change, responding flexibly to both short-term and lasting developments affecting the context in which public health services for children, young people and families are provided
- Facilitate the development of a skilled and motivated public health workforce to support children, young people and families, with easy access to high quality training and development opportunities.
- Make the most effective possible use of the overall funding available in responding to the needs of children, young people and families.

Purpose of the Healthy Families Partnership Board (HFPB)

The HFPB is accountable in the first instance to the CYPSP and HDFT Trust Board. The purpose of the HFPB is to lead the development and delivery of an integrated 0-19 Healthy

Families service for Northumberland children, young people and families within the framework of the s75 Partnership Agreement between HDFT and Northumberland County Council. The HFPB should provide a focal point for integrated leadership and collaboration to improve life chances for children in Northumberland. It has a system leadership function and sets a clear vision and plan to ensure the co-ordinated delivery on system change priorities, to deliver improved outcomes for children, reduce duplication and ensure the most effective use of combined resources.

The Trust and the council, as partners in the formal agreement, have a shared commitment to deliver the best possible health, education and social care outcomes, at the earliest opportunity, for children and young people. As a wider system, to achieve this goal, collaboration and new ways of working are needed between commissioners, providers, residents, carers, staff and wider partners at multiple levels.

To have a manageable forward plan of work a 'design group' has been established under the partnership board to lead the change programme. Priority areas of work include:

- Service structure change
- Culture and leadership
- Safeguarding (0-19)
- Emotional health and wellbeing (5 – 19)
- SEND / special school offer
- Enhanced / vulnerable pathway (conception to 5)
- Data / outcomes

Implementing a Family Hubs model in Northumberland

The Government has commissioned the Anna Freud Centre to lead the evolution of Family Hubs in England. Family hubs⁴ are a way of joining up locally to improve access to services, the connections between families, professionals, services, and providers, and putting relationships at the heart of family help. Family hubs bring together services for children of all ages, with a great Start for Life offer at their core. They can include hub buildings and virtual offers. How services are delivered varies from place to place, but the following principles are key to the family hub model:

- More accessible
- Better connected
- Relationship-centred

In Northumberland, 12 children's centres remain in operation as part of the legacy of Sure Start Centres. Led by Children's Social Care Early Help Service, the council and its partners have been establishing a multi-agency governance structure to start to implement the Family Hubs model. There has been positive engagement and buy in with a well-attended overarching implementation group and subgroup workstreams now going live (see figure 2). Partners include a wider range of NCC service areas such as childrens social care, education, public health, housing, NCT, libraries. Outside partner agencies include NHCT, CNTW, VCS, Police, Fire and Rescue. Representation is also being sought from the CCG.

⁴ <https://www.nationalcentreforfamilyhubs.org.uk/>

Figure 2: family Hub Stakeholder groups



The aim and purpose of this groups is to operate as an effective team of leaders to support development of Family Hubs with the joint aim of delivering integrated, high quality, locality based early help services, which are understood and owned by all partners and families across Northumberland.

In April 2021 HM Government produced, 'The Best Start for Life' report⁵ following the Rt Hon Andrea Leadsom MP review of the health and development outcomes for babies in England, this was the Early Years' Health Development Review, which took place in September 2020

Proposed work programme.

The core ambitions of both the HFPB and the Family Hubs model are to achieve a future state of joint intelligence/insights, joint planning, joint leadership and joint delivery to ensure CYP and families receive support from all aspects of health, education and social care which are joined up from prevention through to treatment and recovery – end to end pathways in effect that are place based and relevant to community context. Starting from the point of empowerment and self-help in the first instance and knowing where to seek support early.

Utilising the population intervention triangle theoretical framework, the system will be challenged to think beyond service delivery and into what role civic responsibilities can play and what can CYP and families do for themselves.

Culture and leadership to achieve the change

⁵ <https://www.gov.uk/government/publications/the-best-start-for-life-a-vision-for-the-1001-critical-days>

Since November 2021 the HFPB has been working through a culture change process starting with establishing shared values and behaviours and working towards a self assessment of how mature the partnership is to enable close collaborative working.

Within the inaugural Family Hubs workstreams of workforce and governance, the importance of culture and leadership change is recognised as an important component for success.

The two groups have jointly agreed, for the Northumberland system, it is best to do this work once with the right people and this will form the foundation for how an integrated model is developed, implemented and measured for success.

Figure 3: why start with culture for integration

Why culture and leadership?

Organizational culture eats strategy for breakfast, lunch and dinner

The slide features a Pac-Man metaphor where a yellow Pac-Man character labeled 'Culture' is positioned to eat five ghost characters representing business goals: 'Growth' (red), 'Performance' (yellow), 'Change' (pink), 'Innovation' (blue), and 'Execution' (green). Dashed lines connect the Pac-Man to each ghost. Below the Pac-Man, the text 'Torben Rick www.torbenrick.eu' is visible.

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 which breeds humanity, acceptance and trust we won't achieve the values we aspire to...

Values = Behaviour = Culture

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Progressing culture and leadership change

Developing a shared culture requires system partners to create a shared value set and a descriptor of the behaviours that demonstrate the values and ultimately the outcomes to be achieved. This starts with a shared understanding of what is being committed to and to ensure all organisations / services have a shared understanding of what integration means and will seek to achieve. Understanding the baseline is integral to measuring change in the culture journey and so a maturity matrix will determine the baseline and set a level of ambition of where the system wants to be in the future.

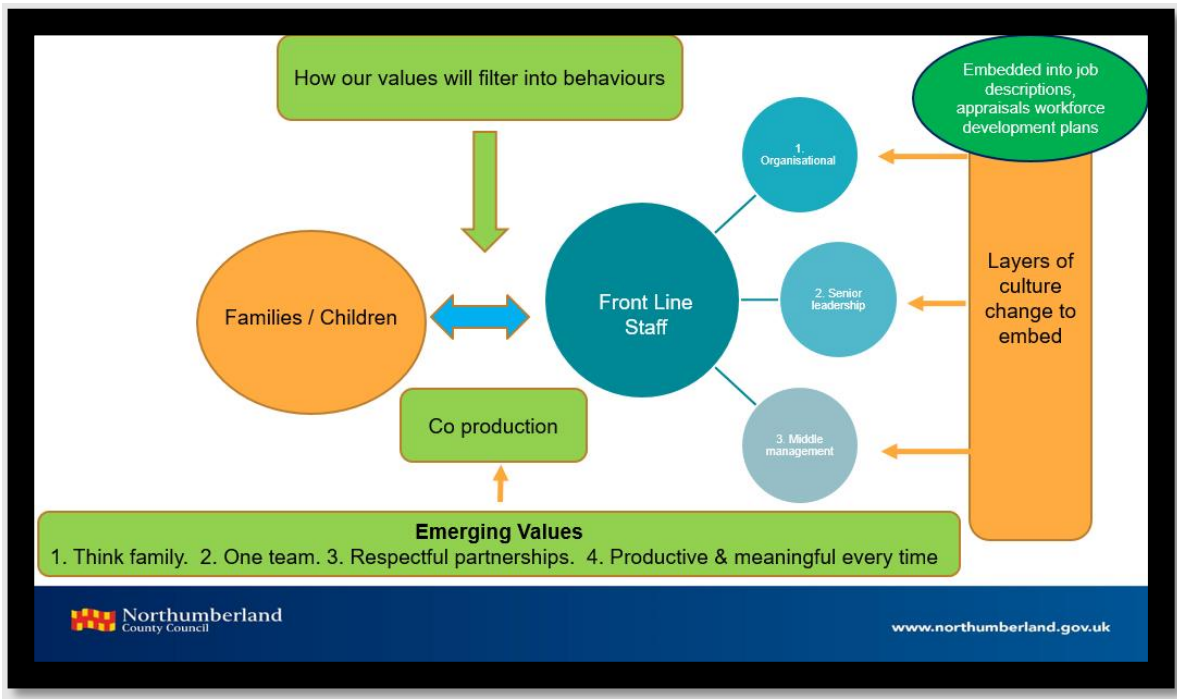
Collaborative maturity factors to consider include:

- Goals and values
- Leadership and governance
- Key business processes and pathways
- Innovation and continued improvement
- Risk management
- Collaborative culture
- Collaborative behaviour

- Skills and capabilities
- Staff motivation and satisfaction

This is all to be considered within the context of the population intervention triangle framework and the three questions referred to previously. For effective change to be born out, change must be made on the front line and felt by CYP and families. The culture and leadership programme of work must have breadth and depth to its reach.

Figure 4: chief officer to front line to families



Governance and organisational commitment

Currently the HFPB and the Family Hubs work reports into the CYPSP partnership and as such the transformational change proposed within this report will be incorporated into the workplan. Promoting the integration of health and care services is a statutory function of the Health and Wellbeing Board so the support of the Board is required to progress this piece of work.

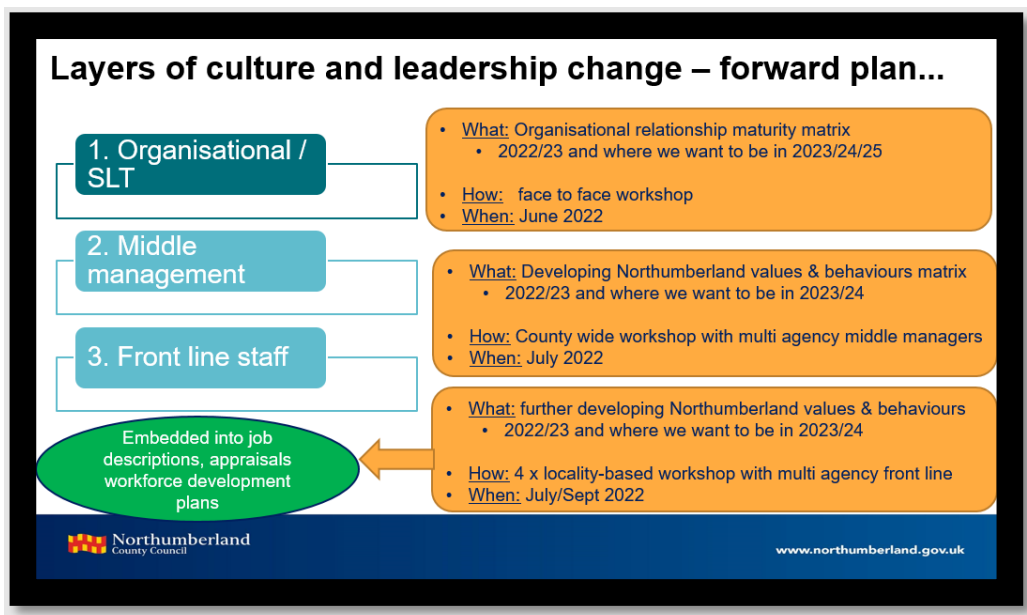
The intention is to progress CYP integration with core organisations but to take a pragmatic approach that is phased in its ambition. The proposal is that a formal group is formed merging elements of the Family Hubs and HFPB work programmes to take forward CYP integration which starts with the culture and leadership transformation. This group will report into the CYPSP. A small group of senior colleagues who can represent the partners involved and who can implement the changes required on behalf of their organisations have been invited to participate in an initial session to lay the foundations for effective service integration.

Follow on activity will include:

- Keeping the Northumberland inequalities plan and the community centred / place based approach central to what we do.

- External facilitators to deliver a series of workshops with chief officers to front line staff to develop the shared values and behaviours
 - To agree a shared understanding of what everyone wants and believes can be achieved from integration / collaborative working – systems leadership
 - To undertake a system level maturity matrix to determine where the system is now, where it wants to be in a year and in two years
 - To develop a shared set of values which reflect behaviours and how they are incorporated into job descriptions, appraisals and CPD.
 - To develop and agree a shared set of priorities for the next two years

Figure 5: Proposed forward plan



Implications

Policy	Integrating health and social care to provide joined-up support that delivers better health and wellbeing outcomes to individuals is a long-standing national and local policy objective. It is reflected in the Northumberland Joint Health and Wellbeing Strategy.
Finance and value for money	Integrated care does not necessarily reduce costs but when done well, can improve quality of life, access to services and identify unmet need. Any associated costs for the use of external facilitators will be funded through the PH ring-fenced grant and NHS partners. The costs are not expected to exceed the threshold for a procurement exercise. However, Procurement advice will be obtained to ensure that any commissioning or contractual arrangements entered in to are compliant.

Legal	The Health and Wellbeing Board has a statutory responsibility to promote the integration of health and social care. The main purpose of the Health and Care Act is to establish a legislative framework that supports collaboration and partnership-working to integrate services for patients.
Procurement	The Health and Social Care Act relaxes current procurement rules pertaining to health services. The costs of any external facilitation sought are not expected to exceed the threshold for a procurement. However, Procurement advice will be obtained to ensure that any commissioning or contractual arrangements entered in to are compliant.
Human Resources	None identified
Property	None identified
Equalities (Impact Assessment attached) Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	An EIA has not been undertaken for the purposes of this report as health and social care integration is a national policy objective.
Risk Assessment	A formal risk assessment has not been undertaken for this work at this time.
Crime & Disorder	None identified
Customer Consideration	The purpose of integration is to improve the quality of care, patient/service user experience and access to services.
Carbon reduction	None identified
Wards	All

Background papers:

None

Report sign off

Authors must ensure that officers and members have agreed the content of the report:

	Full name of officer
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Monitoring Officer/Legal	Suki Binjal
Service Director Finance & Deputy S151 Officer	Alison Elsdon
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