



Northumberland  
County Council

# Children and Young People Integration Proposals

Health and Wellbeing Board  
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[www.northumberland.gov.uk](http://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

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.
  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

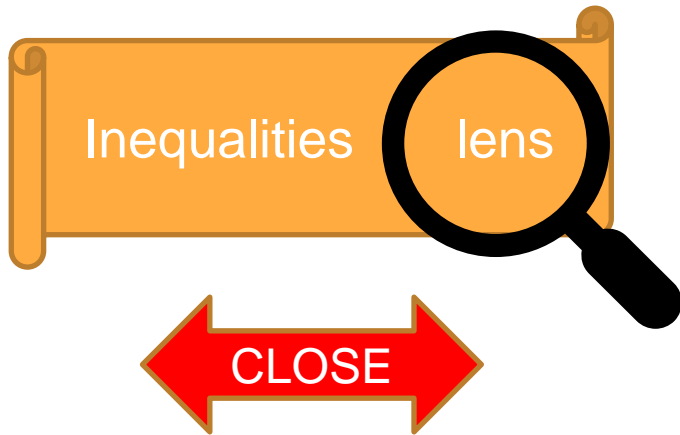
- Focus has been on older adults nationally
- Focus has been on health & social care not wider system eg links with education, libraries, housing
- Evidence tells us:
  - Relationships matter more than structures
  - Culture change takes time to embed
  - Enhances quality
  - This can enhance staff satisfaction

#### 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...



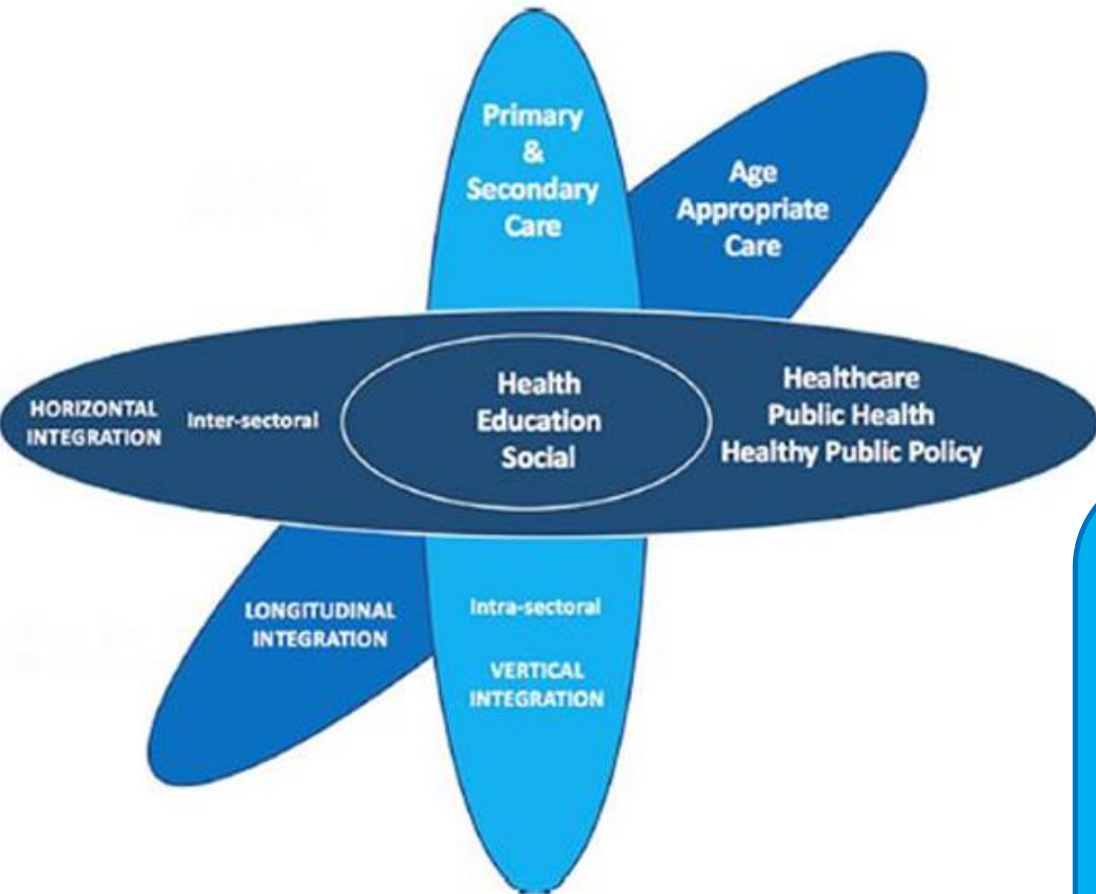


Fig. 1. Intra-sectoral and inter-sectoral integration for child health.

## 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**

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

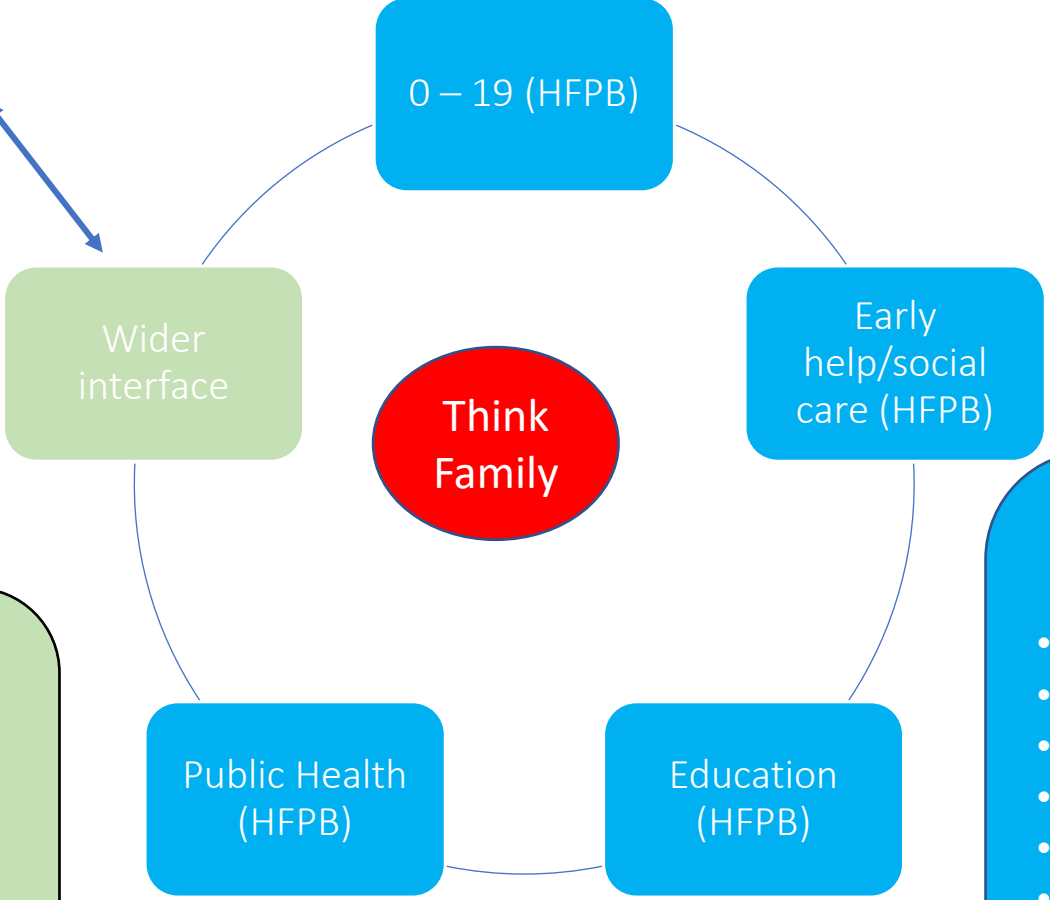

### Place?

- 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



### 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



### Strategic Boards:



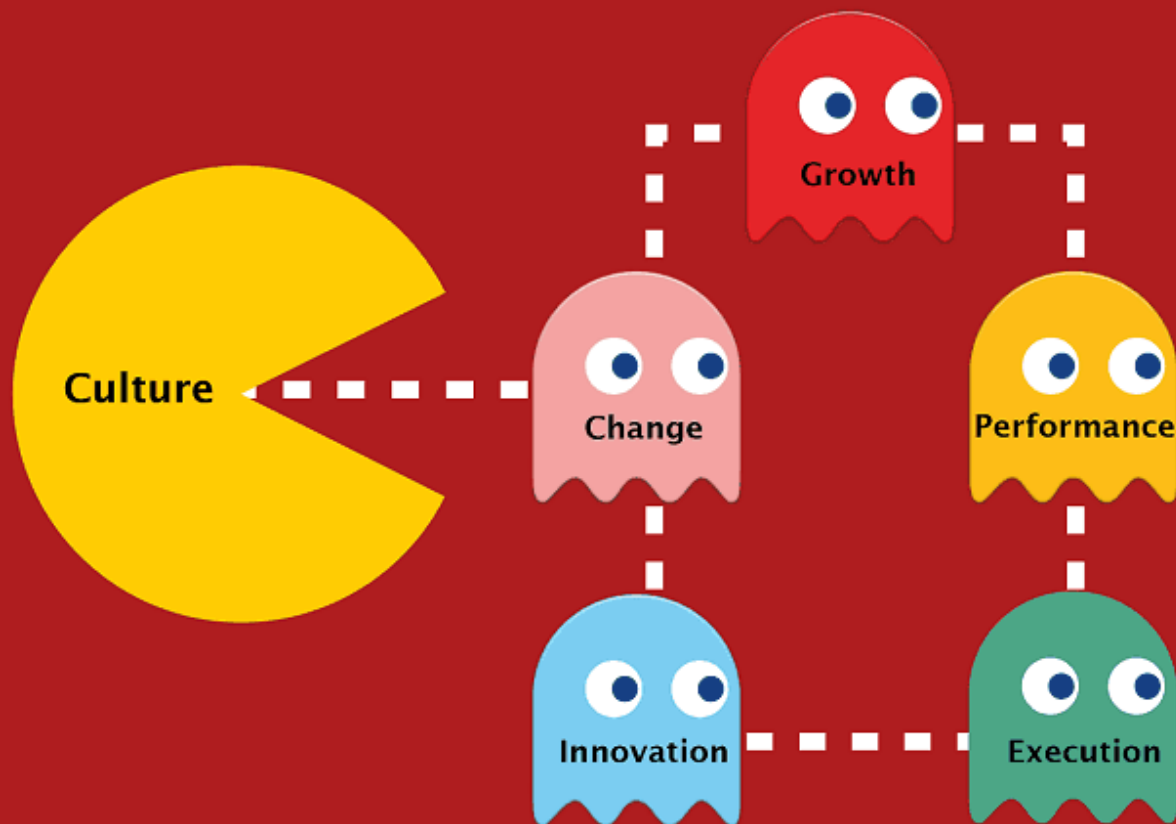
- Place based board (ICB)
- CYP Strategic Partnership
- Family Hubs implementation grp
- SEND strategic Board
- Safeguarding strategic board
- Multi agency joint integrated commissioning (MAJIC) group

Universal through to targeted based on need / vulnerability



# Why start with culture and leadership?

Organizational culture eats strategy for breakfast, lunch and dinner



Torben Rick [www.torbenrick.eu](http://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...

1. Organisational  
/ SLT

2. Middle  
management

3. Front line staff

Embedded into job  
descriptions, appraisals  
workforce development  
plans, system plans

## 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

- 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.