

NORTHUMBERLAND COUNTY COUNCIL

HEALTH AND WELL-BEING BOARD

At a meeting of the **Health and Wellbeing Board** held in County Hall, Morpeth on Thursday, 8 February 2024 at 10.00 a.m.

PRESENT

Councillor P. Ezhilchelvan
(Chair, in the Chair)

BOARD MEMBERS

Anderson, E.	O'Neill, G.
Blair, A.	Paterson, L.
Bradley, N.	Pattison, W.
Conway, A.	Reiter, G.
Jackson, D.	Simpson, E.
Jones, V.	Standfield, P.
Kennedy, S. (Substitute)	Syers, G.
McCartney, S.	Watson, J.
Moulder, B.	

IN ATTENDANCE

L.M. Bennett	Senior Democratic Services Officer
G. Clough	Harrogate & District NHS Foundation Trust
J. Lawler	Public Health Consultant
R. Rispin	Harrogate & District NHS Foundation Trust

57. APOLOGIES FOR ABSENCE

Apologies for absence were received from G. Binning, H. Snowdon, and Councillor H.G.H. Sanderson.

58. MINUTES

RESOLVED that the minutes of the meeting of the Health and Wellbeing Board held on 11 January 2024, as circulated, be confirmed as a true record and signed by the Chair.

59. 0-19 GROWING HEALTHY NORTHUMBERLAND

Members received a report and presentation from the Harrogate & District NHS Foundation Trust updating them on the 0-19 Growing Health Service. The

reports described the progress to date giving assurance that the team delivered a high quality, responsive and effective service to the children, young people, and families (CYP&F) of Northumberland. The report was presented by Rachel Rispin and Ginelle Clough of the Harrogate & District NHS Foundation Trust.

Key issues included:-

- Performance Mandated
 - Performance was either static or generally improving. All staff had a quality and performance 1-1 monthly. Managers worked to ensure that mandated contacts were carried out within timescale.
 - Developing performance panels to aid understanding of performance issues within the localities.
 - All Managers had a thematic lead within the service and were part of a workstream including patient experience, SEND, best start in life, and early intervention.
 - Workforce and recruitment of SCPHNs (Specialist Community Public Health Nurses) had been a significant challenge but the number of vacancies in Northumberland was beginning to fall. Training of these staff was high profile and development from within the organisation was encouraged. Posts and roles were evaluated when they became vacant to see if the organisation could be innovative.
- Service Transformation – new roles had been created.
 - Community Anchor – objectives including community profiling within Family Hub workstreams and scoping projects and initiatives across Northumberland to promote a community centred, place-based approach in delivery of the Healthy Child Programme and to reduce inequalities. Northumberland Housing Pathway development to improve communications between health and housing to improve home conditions. Collaboration with the Northumberland Fire Service to identify electrical and fire safety risks during home contacts.
 - Project Support Officer – transformation and implementation of the digital platform. Developing and expanding social media offer including Facebook and Instagram.
 - Community Triage Nurse – The role would provide a timely response to referrals, ensure agreed waiting times were adhered to, and signpost referrals to the most suitable partner.
- Locality Engagement Events had been held and provided valuable feedback on what was working well, what needed to improve and action that staff could take themselves or where they needed support. Task and Finish groups were being developed to take actions forward.

The following comments were made:-

- It was clear that the service cared about its staff and worked into and across the community. There was a culture shift working alongside families rather than 'doing to' families. The mandated statistics were encouraging. Partnership working was welcomed.

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- There needed to be a shift from the view that anything health related must be carried out at a GP surgery, including the work of Health Visitors. This was an important shift of culture. Work was ongoing regarding a move to integrated neighbourhood working and it may be that some aspects of GPs role could be moved into the community and the Family Hub.
- The contract with the Harrogate & District NHS Foundation Trust was a Section 76 partnership and had no specified end point.
- The digital app had been downloaded by 5,290 people but was still in its early stages. This was a universal offer to build resilience in families and ensure access to the correct information. It was acknowledged that not every area in Northumberland had a community hub, but the service was a home visiting service, and the service would be delivered wherever it was needed.
- Following the Cramlington conversation, a steering group had been set up for the Cramlington/Seaton Valley as feedback indicated that this area felt underserved. It was planned to allow patients to be attended to but also to stay and see what else was available within the Family Hub.
- There was work with rural co-ordinators to better understand the needs of families living in more remote areas.
- Healthwatch was concluding a report on Health Visitors and that would be made available in due course. Healthwatch would work closely with the service to use feedback and look at ways to continue to improve the service.
- Ginelle Clough was very integrated with the community sector and had attended many Thriving Together events. The removal of silos was working, and the breakdown of barriers had been transformational.
- It was noted that there was an outreach worker based at Amble North Primary School.
- The work with the 0-19 service was welcomed by the Northumberland Fire & Rescue Service as it offered the opportunity to target the most vulnerable and those at highest risk in the community.
- Three pillars had been established, public health, safeguarding and emotional health and resilience. Via the Community Triage Nurse, it was important to ensure that young people were signposted to the correct person at the right time and this would help to reduce waiting lists.
- Peter Standfield requested a discussion with the 0-19 service in relation to the Armed Forces.

IT WAS AGREED that the presentation and report be noted.

60. FAMILY HUBS

Members received a verbal update and presentation from Graham Reiter, Director of Children, Young People and Families.

A number of key points were raised in the presentation including:

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- There were 11 purpose-built Family Hubs based in the central, southeast, west and north localities and a further seven dedicated outreach points in four fire stations, two military bases and a primary school.
- The Family Hubs were launched in September 2022 and significant progress had been made in a short space of time. Northumberland was one of 14 Local Authorities to be awarded Trailblazer status. Family Hubs were set up to cover the 0-19 age group. The aim was to ensure families with children had early help to overcome a number of difficulties. It involved a multidisciplinary range of services and key partners such as 0-19 service, midwifery, primary mental health, registrars and the community and voluntary sector.
- Commissioning arrangements with Action for Children and Barnardos had ended on a positive note.
- Key principles were access, relationships and connection.
- Locality Integration Events had been crucial in bringing people together and sharing knowledge.
- Funding was on a three-year basis primarily focusing on 0-2s but with an expectation that services would be offered up to 19 years.
- Parent Carer Panels had been set up and more work and development were needed to ensure that they were front and centre
- **Prevention and Intervention Pathway** – range of group work opportunities such as learning together through play. Where possible the range of opportunities had been developed in consultation with parents. Feedback from users indicated that the service was valued. Services were also available on an individual basis where appropriate. There was also the ability to deliver some groups virtually. There was a key push to engage with fathers as early as possible and virtual groups had allowed this to happen across the county without geographical limitations.
- **Family Help** – offered targeted intervention for families at a higher level and worked with a ‘whole family’ approach.
- **Increasing Accessibility by Enhancing the Digital and Virtual Offer** – it was important to recognise the implications of digital poverty and consider how to mitigate and support families in the situation.
- **Northumberland Family Hub Integration with Health** – engagement with health partners had been extremely positive over the last 18 months. Key partners sat on the Family Help Partnership Board. Health colleagues were co-located in some Hubs and a range of supports and groups were also available.
- The range of services in each locality had been mapped and ensured that there was connectivity which was not available previously.
- **Northumberland Family Hub Links with GPs** – 1,009 children had been referred from GOs in the last 12 months. There had been joint attendance with 0-19 service at Primary Care Network meetings to discuss the Family Hub Offer. There were strong links between Community Development Workers and Social Prescribers. Locality links were being made with specific GP practices.
- The Start for Life Publication had been sent to all GPs, Midwifery and 0-19 service.

- **Eyes on the Baby Project** – This was a multi-agency training evaluation project focusing on Sudden Unexplained Death in Infancy. More than 70 staff had completed the EOTB Strand 1 training and over 100 front line staff had completed Strand 2 training.
- **Northumberland Family Panels** – making sure that the parents and carers were actively involved in the most effective way. This work needed further development but there was a strong basis.
- **External Visits** – Northumberland had been one of six Local Authorities to participate in a Thematic Review of Family Hubs. Very positive feedback had been received including:-
 - Passionate, child and family centred staff
 - Partnership working
 - Inclusive Family Hub offer
 - Effective Leadership
 - Positive feedback from parents
- Following a visit from Dame Andrea Leadsom there had been praise for giving children the best start in life, as well as the innovative ways we were ensuring all expecting and new parents had access to the Start for Life Offer.

A number of comments were made including:-

- Was it now time to start making a difference on issues that we were now measuring and creating a specific action plan, rather than having a generous offer of everything that was available? The perceived needs of people may be different from what the population's need was in terms of inequalities and wellbeing in the long term.
- Residents voice was equal to data in the Inequalities Plan. It was important to track what was below the Northumberland level and look to make the offer more bespoke based on what demand looked like.
- How was public sector estate mapped out relating to health and social care, particularly if some services were wishing to expand and the Family Hub had space and vice versa? There may be areas where estate rationalisation could be looked at and money could be diverted back to services rather than buildings. This related to the quality of relationships locality to enable these conversations to go ahead. Other community assets such as schools may also be used.
- The Systems Transformation Board had agreed to set up a task group comprising a number of agencies to think about integrated neighbourhood teams and ways of working.
- The Family Hub was an excellent example of working collaboratively and rather than looking at starting afresh and it was necessary to look at the estates, how things could be resourced. The task group would look closely at integrated neighbourhood working and this should start with what was already in place in the Family Hubs.
- Family Hubs were a national development and there were regional links and meetings with other Family Hub Managers to enable them to learn and share from each other. However, how Family Hubs developed in Northumberland would be different to how they developed elsewhere. It

was important for them to develop specifically to fit the particular locality's needs.

RESOLVED that the presentation be noted.

61. HEALTH AND WELLBEING BOARD – FORWARD PLAN

Members noted details of forthcoming agenda items at future meetings.

It was planned to restrict each meeting to three items where possible. A suggestion was made that a report be provided on Safe Havens and this would be scheduled for the meeting in April/May 2024.

62. DATE OF NEXT MEETING

The next meeting will be held on Thursday, 14 March 2024, at 10.00 am in County Hall, Morpeth.

CHAIR _____

DATE _____