



# Northumberland Healthy Families Plan



**Northumberland**  
County Council



**Harrogate and District**  
NHS Foundation Trust

# **Improving the Health and Wellbeing of Children, Young People and Families in Northumberland**

## **Our vision for children, young people, and families in Northumberland**

The three core themes from the Joint Health and Wellbeing Strategy (2018-2028) are as follows:

1. A focus on Starting and Growing Up well.
2. Building blocks of a good life
3. Adopting a whole system approach to health and care

Our vision is for every child to have the best start in life, to be happy, healthy, and supported by a strong partnership approach and long-term commitment to families in Northumberland.

[Northumberland joint health and wellbeing strategy 2018-2028](#)

## **Priorities for children, young people, and families in Northumberland**

By empowering people and communities there are three key priority areas that enable children to start and grow up well in Northumberland

These are as follows:

1. Children and young people are provided with the best quality education and skills that Northumberland can offer.
2. We ensure all children and young people are safe and supported in all areas of their lives.
3. We support children and young people's physical and emotional health and wellbeing.

## **The Growing Healthy Northumberland 0-19 service**

The Growing Healthy Northumberland 0-19 service is a skill-mix service which includes Specialist Community Public Health Nurses (Health Visitors and School Nurses), Registered Nurses, Family Health Practitioners and Children and Young People Lived Experience Practitioners. The service is organised into "pillars" or teams including Health Visiting, Public Health (School Nursing), Emotional Health and Resilience, Infant Feeding and Safeguarding.

The Growing Healthy Northumberland 0-19 service is delivered through a partnership between Northumberland County Council (NCC) and Harrogate and District NHS Foundation Trust (HDFT), established in October 2021 using Section 75 of the National Health Services Act 2006. The Growing Healthy Northumberland 0-19 service is funded by NCC through the Public Health Grant and the Section 75 Partnership is managed by the Healthy Families Partnership Board.

## **The Northumberland Healthy Families Plan**

The Northumberland Healthy Families Plan describes how the Growing Healthy Northumberland 0-19 service will support our vision for children, young people, and their families by contributing to the delivery of the Healthy Child Programme.

The Northumberland Healthy Families Plan has been developed in partnership between Harrogate and District Foundation NHS Trust and Northumberland County Council.

## **National Context**

### **The Healthy Child Programme**

Background and aims.

The healthy child programme is the national prevention and early intervention public health framework for children and young people. The programme has been updated since it was introduced in 2009, most recently in 2023<sup>1</sup>.

The healthy child programme is a shared endeavour, the intention being to bring health, education, and other key partners together, working collaboratively to deliver effective prevention and support. The aims of the programme are to:

- help parents, carers or guardians develop and sustain a strong bond with children.
- support parents, carers, or guardians in keeping children healthy and safe and reaching their full potential.
- protect children from serious disease, through screening and immunisation.
- reduce childhood obesity by guiding infant nutrition and physical activity.
- promote oral health.
- support resilience and positive maternal and family mental health.
- support the development of healthy relationships and good sexual and reproductive health.
- identify health and wellbeing issues early, so support and early interventions can be provided in a timely manner.
- make sure children are prepared for and supported in all childcare, early years and education settings and are especially supported to be 'ready to learn at 2 and ready for school by 5'.

It also involves:

- continued support through school age years to help every child to thrive and gain maximum benefit from education, driving high educational achievement.
- identifying and helping children, young people and families with problems that might affect their chances later in life, including building resilience to cope with the pressures of life.

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<sup>1</sup> <https://www.gov.uk/government/collections/healthy-child-programme>

## **The national healthy child programme model**

The healthy child programme is based on 4 levels of service depending on individual and family need<sup>2</sup>:

- community
- universal
- targeted
- specialist

Health Visiting and School Nursing (0-19) services provide universal and targeted public health services for children and young people. The healthy child programme includes a 0-5 element, led by Health Visiting services and focusing on children aged under 5 years and the 5-19 component led by School Nursing services, focusing on older children.

The 0-5 component includes, but is not limited to universal health and development reviews, 5 of which are mandated:

- Antenatal visit (from 28 weeks of pregnancy) [mandated]
- New baby review (within 10 to 14 days of birth) [mandated]
- 6–8-week review [mandated]
- 3–4-month contact [suggested, not mandated]
- One-year developmental review [mandated]
- 2-to-2-and-a-half-year developmental review [mandated]

There are no mandated contacts for the 5-19 component of the healthy child programme, other than the requirement for local authorities to commission the National Child Measurement Programme.

The Growing Healthy Northumberland 0-19 service will work with other agencies to maximise resources to innovate and provide coordinated effective support through mandated contacts for children, young people and their families who are at risk of not achieving desired outcomes. This includes being responsive to the needs and opportunities identified, promoting access to evidence-based support around attachment, early learning, healthy development, parental/carer capacity, social inclusion and good maternal emotional wellbeing and mental health.

## **High impact areas**

The healthy child programme describes high impact areas where there is evidence that 0-19 services can have a significant impact for all children, young people, and families, especially those needing more support.

Early years (0-5 years) high impact areas are:

- transition to parenthood and the early weeks.
- maternal and infant mental health
- breastfeeding (initiation and duration)

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<sup>2</sup> <https://www.gov.uk/government/publications/healthy-child-programme-0-to-19-health-visitor-and-school-nurse-commissioning/commissioning-health-visitors-and-school-nurses-for-public-health-services-for-children-aged-0-to-19#the-service-model>

- healthy weight and healthy nutrition
- health literacy
- reducing accidents and minor illnesses
- health, wellbeing, and development (being ready to learn and narrowing the 'word gap')

School-aged high impact areas build on early identification of children in need of support and focus on key priority areas including support for:

- resilience and wellbeing
- healthy behaviours and reducing risk-taking.
- healthy lifestyles
- vulnerable young people and improving health inequalities.
- complex and additional health and wellbeing needs
- self-care and improving health literacy.

### **Commissioning responsibility**

Northumberland County Council has a statutory responsibility, under the Health and Social Care Act 2012, to commission public health services for children and young people aged 0 to 19 years. NCC is required to commission the five mandated universal Health Visiting reviews and mandated elements of the National Child Measurement Programme (NCMP).

### **Our vision for working together.**

Northumberland County Council and Harrogate and District Foundation Trust are committed to working in partnership to create an innovative and continuously improving Growing Healthy Northumberland 0-19 service, which is responsive to the needs of children, young people, and their families, delivering the Healthy Child Programme as effectively as possible within available resources.

### **The local context of Northumberland**

#### **Local data**

Northumberland is England's most northerly county, bordering Scotland in the north and Cumbria in the west. There are 14,200 children under 5yrs and 64,300 children between 0-19yrs (based on ONS mid-year estimates for 2021) with a predicted reduction in the population of 0- 19-year-olds to 61,300 by 2031. Northumberland is a county of contrasts, including sparsely populated rural areas and densely populated urban communities. Whilst 97% of Northumberland is classed as rural, half of the county's population (317,000) live in 3% of areas in the southeast of the county. There is geographical variation in levels of disadvantage within Northumberland. Although there are areas of affluence, Northumberland is among the most deprived 20% of local authorities in England for employment scale (the number of people employment deprived). There has been an increase in the proportion of lower super output areas (LSOAs) in Northumberland the most deprived 10% between the Indices of Multiple Deprivation in 2015 and 2019. During the financial year 2020/2021, one in four (25.6%) children in the county were living in poverty.

A higher proportion of children have social emotional and mental health needs (4% or 1,845) compared with regional and national averages.

The Child Health Profile for Northumberland which is shown in figure 1 provides a snapshot of child health<sup>3</sup>. Overall, compared with England averages, the health and wellbeing of children in Northumberland is worse than the national average. In Northumberland, uptake of the first dose of measles, mumps and rubella (MMR) and primary childhood vaccinations, the percentage of children achieving a good level of development at the end of Reception and the percentage of 5-year-olds with obvious dental decay are better than the England and northeast averages. The rates of hospital admissions due to unintentional and deliberate injuries, self-harm, substance misuse and alcohol-specific conditions are significantly higher than national averages. More than one in four (25.6%) of Reception children and more than one in three (38.3%) Year 6 children have overweight or obesity.

Figure 1. Northumberland Child and Maternal Health Profile 2023<sup>4</sup>

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<sup>3</sup> OHID (2023) Northumberland Child Health Profile March 2023. <https://fingertips.phe.org.uk/static-reports/child-health-profiles/2023/E06000057.html?area-name=Northumberland>

<sup>4</sup> OHID (2023) Northumberland Child and Maternal Health Profile <https://fingertips.phe.org.uk/profile/child-health-profiles/data#page/1/ati/402/are/E06000057>

Indicator	Period	Northum'land			Region England		England		
		Recent Trend	Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest
Infant mortality rate	2019 - 21	—	25	3.3	3.5	3.9	7.5		1.2
Child mortality rate (1-17 years)	2018 - 20	—	15	8.9	10.4	10.3	17.7		6.1
Population vaccination coverage: MMR for one dose (2 years old)	2022/23	↑	2,642	96.4%	94.6%	89.3%	68.1%		97.3%
Population vaccination coverage: Dtap IPV Hib (2 years old)	2022/23	→	2,656	96.9%	96.1%	92.6%	70.8%		98.5%
Children in care immunisations	2022	—	239	86.0%	86.0%	85.0%	30.0%		100%
School readiness: percentage of children achieving a good level of development at the end of Reception	2021/22	—	2,071	67.5%	64.1%	65.2%	53.1%		100%
Average Attainment 8 score	2021/22	—	144,955	46.5	46.8	48.7	39.2		53.1
Average Attainment 8 score of children in care	2021/22	—	702	18.5	21.3	20.3	9.8		26.0
16 to 17 year olds not in education, employment or training (NEET) or whose activity is not known	2022/23	→	330	5.1%	5.2%	5.2%	15.2%		0.9%
First time entrants to the youth justice system	2022	↓	-	89.4	151.6	148.9	454.5		37.2
Children in absolute low income families (under 16s)	2021/22	—	9,078	17.6%	21.2%	15.3%	35.3%		4.2%
Children in relative low income families (under 16s)	2021/22	—	11,066	21.4%	25.8%	19.9%	41.7%		5.4%
Homelessness - households with dependent children owed a duty under the Homelessness Reduction Act	2021/22	—	406	11.7	12.8	14.4	39.3		4.5
Children in care	2022	—	425	73	110	70	218		26
Children killed and seriously injured (KSI) on England's roads	2018 - 20	—	38	24.2	20.9	15.9	55.0		2.6
Low birth weight of term babies	2021	→	55	2.4%	2.7%	2.8%	5.0%		1.5%
Reception prevalence of obesity (including severe obesity) (4-5 yrs)	2022/23	↑	330	11.5%	11.3%	9.2%	14.1%		0.0%
Year 6 prevalence of obesity (including severe obesity) (10-11 yrs)	2022/23	↑	760	23.6%	25.8%	22.7%	31.7%		9.7%
Percentage of 5 year olds with experience of visually obvious dental decay	2021/22	—	-	16.7%	22.2%	23.7%	46.0%		0.0%
Hospital admissions for dental caries (0 to 5 years)	2018/19 - 20/21	—	395	736.1	403.8	220.8	7.5		2.7
Under 18s conception rate / 1,000	2021	—	67	13.8	19.8	13.1	31.5		0.0%
Teenage mothers	2021/22	→	15	0.6%	1.2%	0.6%	2.4%		7.7
Admission episodes for alcohol-specific conditions - Under 18s	2018/19 - 20/21	—	110	62.2	52.0	29.3	83.8		16.9
Hospital admissions due to substance misuse (15 to 24 years)	2018/19 - 20/21	—	200	220.5	115.2	81.2	229.4		3.4%
Smoking status at time of delivery	2022/23	↓	241	10.6%	12.5%	8.8%	19.4%		98.6%
Baby's first feed breastmilk	2020/21	—	1,380	66.0%	63.9%	71.7%	1.3%		387.2
Breastfeeding prevalence at 6-8 weeks after birth - current method	2022/23	↑	-	*	36.7%	49.2%*	-	Insufficient number of values for a spine chart	
A&E attendances (0 to 4 years)	2021/22	—	13,060	919.8	1,031.6	762.8	2,080.6		38.8
Hospital admissions caused by unintentional and deliberate injuries in children (aged 0 to 14 years)	2021/22	—	660	136.7	128.5	84.3	162.2		53.3
Hospital admissions caused by unintentional and deliberate injuries in young people (aged 15 to 24 years)	2021/22	—	740	246.4	179.4	118.6	252.2		47.0
Hospital admissions for asthma (under 19 years)	2021/22	—	140	226.9	172.3	131.5	438.0		33.3
Hospital admissions for mental health conditions (<18 yrs)	2021/22	—	60	102.7	128.6	99.8	355.1		127.6
Hospital admissions as a result of self-harm (10-24 years)	2021/22	—	470	1,014.2	575.0	427.3	1,051.7		0.0%

## Local strategies and plans

The Healthy Families Plan describes how the Growing Healthy Northumberland 0-19 service contributes to delivering the priorities of Northumberland Children and Young People's Plan. This supports the delivery of key partnership and NCC plans including:

- The Northumberland Joint Health and Wellbeing Strategy
- The Northumberland Inequalities Plan
- The Northumberland County Council Corporate Plan

The Healthy Families Plan supports:

- The Northumberland Conception to Five Integrated Plan
- The Northumberland County Council Early Help Strategy 2021-2024
- The Northumberland Local Area Strategy 2021-24
- The Northumberland Children and Adult's Safeguarding Partnership Strategic Plan 2023-26
- Northumberland's Emotional Wellbeing and Mental Health Strategy for Children and Young People 2022-25
- Northumberland Children and Young People Plan

## **The Growing Healthy Northumberland 0-19 Service offer**

The Healthy Families plan describes the service offer by pillar:

- 0-5 (Health Visiting) Pillar
- 5-19 Public Health Pillar including the National Childhood Measurement Programme.
- Infant Feeding Pillar
- Emotional Health and Resilience Pillar
- Safeguarding Pillar

### **Who is Growing Healthy Northumberland 0-19 Service for?**

All children, young people aged 0-19 years and their families who are resident or attending school in the Northumberland local authority area can access the service. The Growing Healthy Northumberland 0-19 service supports children and young people with special educational needs and disabilities in mainstream education and care leavers who are aged 0-25 years if they have health needs which can be met by the service.

The Growing Healthy 0-19 Service works in partnership with Midwifery Services, Family Hubs, NCC Children's Services, Education and Skills, Early Years and Adolescent Service and the Special School Nursing Team

[Add hyperlink for special school service.](#)

### **0-5 years (Health Visiting) Universal Support**

We provide a locality based Healthy Child Service delivered and structured in line with local Children's Services alongside the NCC Early Help teams, working together to deliver integrated, evidence-based services for children and their families, with a focus on prevention, promotion, and early intervention. The plan supports services and interventions in line with the model of Health Visiting currently described in the Healthy Child Programme.

The 0-5 Pillar delivers a series of visits from the antenatal period until children reach primary school age. These are a core part of the activity described in the Healthy Families Plan, providing universal offer to all expectant parents/carers and families with children below the age of 5 years.

The 0-5 Pillar will ensure a Family Health Needs Assessment (FHNA) and Home Environment Assessment tool (HEAT) is undertaken for all children. This will commence antenatally by the Health Visitor and will be continually updated to identify families that require targeted/specialist support.

Home-based contacts are used to assess stages of development and promote good parent/carer-child attachment. The 0-5 Pillar will comply with current national requirements for mandated checks and reviews, including adherence to timescales and the competency and professional background of those carrying out mandated interactions. All contacts in



children under 1 years old will be conducted by qualified Health Visitors and the 2-2.5 -year review will be carried out by a skill mixed team delegated by a qualified Health Visitor in line with NMC requirements.

We will utilise our 0-19 Workforce sufficiency tools including the Demand and Capacity Tool alongside our Operational Pressures Escalation tool to flex resources in response to changing needs and ensure staff staffing levels.

The Healthy Child Programme Universal Health and Development Reviews:

**Antenatal review 28-33 weeks (mandated).**

The Health Visitor will commence the Family Health Needs Assessment, to understand families' strengths and risks and implement care to improve outcomes. They will promote the involvement of fathers in the antenatal assessment. A home environment assessment tool will be completed in partnership with parents. The Health Visitor will share evidence-based health promotion. Family hubs information will be shared with parents, including signposting to consent QR code.

**New birth review 10-14 days (mandated).**

The Health Visitor will complete a comprehensive newborn check that includes a physical top to toe assessment, newborn observation, feeding assessment and an assessment of growth. The Health Visitor will build on the Family Health Needs Assessment and undertake an evidence-based assessment of maternal emotional health and infant attachment. The Health Visitor will share evidence-based health promotion. Family hubs information will be shared with parents, including signposting to consent QR code.

**6-8 weeks review (mandated).**

The Health Visitor will continue to build on the Family Health Needs Assessment and undertake an evidence based emotional health assessment. The family will be offered on-going infant feeding support, growth monitoring and updated information on new-born screening and the UK immunisation programme. An ongoing plan of care will be developed and agreed with the family. The Health Visitor will share evidence-based health promotion. Family hubs information will be shared with parents, including signposting to consent QR code.

**3-4 months review (additional, non-mandated review).**

The Health Visitor or where appropriate skill mix team will undertake an assessment of the child's physical, emotional, and social development. The Family Health Needs Assessment will be reviewed, and evidence based emotional health assessment will be offered. The 0-19 team will share evidence-based health promotion. Family hubs information will be shared with parents, including signposting to consent QR code.

**9-12 months review (mandated).**

The Health Visitor will build and analyse the Family Health Needs Assessment to understand the needs of the child in the context of their family setting. An evidence based emotional health assessment will be completed. This contact will use evidence- based tools to assess growth, physical, emotional, and social development. The Health Visitor will share evidence-based health promotion. Family hubs information will be shared with parents, including signposting to consent QR code.

### **2-2.5 years integrated review (mandated).**

Health Visitors will lead the 2-2½ -year review working in partnership with parents, family hubs and early years education staff.

This will build on interventions which promote self-care skills, attachment, speech, and language development. At the 2-2½ -year review Health Visitors or Early Years Practitioners will use evidence-based tools to assess development and identify the need for additional support.

- Universal integrated review- Information sharing and seamless response to needs.
- Targeted integrated review- A joint review will be offered to all families.
- Specialist integrated review- Families and key professionals will participate within an integrated review.

### **School readiness contact 3-5 years.**

The 0-19 team will assess, using evidence-based tools, the child's physical, emotional, and social development, the needs of the child in their family setting and school readiness. We will share information on School registration and provide evidence-based health promotion examples include oral health, DHSC guidance on immunisations, home safety and accident prevention.

- Universal- Telephone review completed by skill mix.
- Targeted/Specialist- Home visit completed by Health Visitor.

### **0-5 years targeted support.**

This may be identified in any developmental reviews mandated contact or through referral into the team via our digital offer Health Chat or Single point of contact. Referrals will be allocated to the named Health visitor for review and appropriate delegation in line with HDFT delegation policy.

Targeted support might include:

- Additional interventions including referral to Partners/ services for families that are identified as needing more support than is universally offered by the Growing Healthy 0-19 Northumberland team.
- Early intervention to promote the Best Start for Life, giving every child and their family access to support addressing the priorities of breastfeeding, parent-infant relationships, emotional health support and evidence-based parenting programmes.

Support for maternal mental health and wellbeing, parenting/carers support, toilet training, behaviour management, weaning and baby/toddler sleep problems.

### **Enhanced Parenting Pathway (EPP).**

The Enhanced Parenting Pathway will offer integrated and seamless support to families identified in the antenatal period. The pathway incorporates evidence-based tools including Newborn Assessment (NBO) and Newborn Assessment Scale, Solihull, and ASQ3/SE to enhance infant/parenting relationships.

EPP Criteria:

- Children in Care.
- Emotional health.
- Drugs/alcohol
- Domestic abuse
- Parents open to or previously open to children's services.
- Referred to Children's services at booking and no further action.
- Refugee/Asylum families.
- Learning difficulties/disabilities which would impact the ability to parent.
- Communication difficulties
- Significant financial concerns
- Relationship difficulties
- No support from family/friends
- Homelessness
- Professional judgement

**\*Insert copy of EPP\***

### **Specialist Support**

The 0-5 Pillar will deliver ongoing support as part of a range of local services working together with the family to deal with more complex problems over a longer period. This will include those families with complex needs. The Growing Healthy 0-19 Northumberland service will:

- Provide additional on-going support to vulnerable families; this could include additional contacts.
- Co-working with other agencies including joint visits and delivery of integrated, multi-agency intensive care packages, for example SEND, families experiencing social disadvantage, adult mental health problems or substance misuse.
- Provide ongoing support to children where safeguarding and Children in care procedures are in place. Growing Healthy Northumberland staff will follow national and local policies to ensure children at risk of or suffering significant harm receive the right support and care.

- We will collaborate with partners contributing to statutory health assessments, educational health care plans and Personal independence assessments (PIP) where it is appropriate for the service.
- Attend GP /0-19 safeguarding liaison meetings sharing information, to assess risk, vulnerabilities and identify protective factors whilst considering how best to promote the welfare of children and young people. This is in line with the HDFT Quality Standard for GP/0-19 Liaison meetings.

Health Visitors will support children and families from the antenatal contact until the end of reception year/start of year 1 and support the transition of families receiving universal support to the Public Health Pillar. Families that are receiving targeted or specialist support will continue to be supported by the Health Visitor until the episode of care that is being provided is complete and a family health needs assessment is updated.

### **Interdependencies with Other Services**

The Growing Healthy Northumberland 0-19 Service will

- Work collaboratively with multiagency partners to improve integration of services for the benefit of children, young people, and families, recognising our contribution to delivering the healthy child programme and the multiagency prevention and early intervention offer in Northumberland.
- Establish and maintain effective working relationships with key local partners, including membership and participation in relevant strategic and operational partnership groups and developing services in line with locality and county wide priorities.
- Deliver a locality-based service for children and their families, with a focus on promotion, prevention, and early intervention. The localities are North, West, Central and Southeast.
- The Service will ensure for children aged 0-5 that a named Public Health Nurse or appropriately trained staff member is linked to each appropriate education setting.
- Liaison, information sharing and joint working with GP practices This is in line with the HDFT Quality Standard for GP/0-19 Liaison meetings.
- Promotion of support that children and their families are entitled to, and, as part of that process, encouraging children and young people to access the service.
- The promotion of an integrated approach to improving child and family health locally. The Service should link to wider stakeholder and services (e.g. hospital and community-based health services, VCS) delivering in conjunction with the key practitioners.

## **The Public Health Pillar (5-19 years and 5-25 years for those with SEND)**

This pillar includes.

- Public Health service, including NCMP.
- Support for emotional wellbeing and resilience young people.
- Safeguarding support.

The above is a minimum offer for all young people and will apply to those aged 5-25 years who have Special Education Needs/Disabilities (SEND) or are leaving care, who attend mainstream school in Northumberland. The Growing Healthy Northumberland 0-19 team will deliver the Mandated National Child Measurement Programme (NCMP) and contribute to delivering measures to reduce childhood obesity.

The current school aged years 6 high impact areas build on early identification of children in need of support and focus on key priority areas, including:

- Building resilience and improving emotional health and wellbeing as highlighted in Future in Mind, working closely with schools, parents, and local services.
- Keeping safe, managing risk, and reducing harm – including child sexual abuse, domestic abuse, and child exploitation
- Promoting healthy lifestyles - including reducing childhood obesity and increasing physical activity
- Maximising achievement and learning – helping children to realise their potential and reducing inequalities.
- Supporting additional health needs – supporting Special Educational Needs and Disability (SEND) reforms.
- Supporting transition and preparing for adulthood – aligning with the NHS Five Year Forward View (self-care and prevention agenda)

## **The Public Health Pillar Universal Support**

One to one support for young people will be available at the venue of their choice. Public Health Staff are trained to provide evidence-based information. Examples include low level mental health problems, healthy eating, stop smoking advice, contraception, and oral health advice. The Public Health Pillar will complete a Family Health Needs Assessment (FHNA) on all children accessing support and a Home Environment Assessment tool (HEAT) will be undertaken if children or young people are seen at home.

On reception/year 1 school entry the Public Health Pillar will send every child in Northumberland a health questionnaire for completion by parents. The questionnaire will provide an opportunity for parental engagement and the identification of any outstanding health needs. The health questionnaire once returned will be screened by the service and follow up support will be offered, including signposting to other services.

Group based interventions for school age children and young people will be delivered, where appropriate. Sessions at school transition points will be utilised to increase communication and engagement. These may be school-based or virtual events to meet the needs of parents and children. We will seek opportunities to co-deliver interventions with partners including providing in partnership with Family Hubs and education settings.

### **National Child Measurement Programme (NCMP).**

The 0-19 service will deliver the mandatory National Child Measurement Programme (NCMP) for reception and year 6 children. The service will ensure NCMP requirements are met, working collaboratively with NCC to review NCMP operational guidance and ensure any necessary changes are made.

The Growing Healthy Northumberland Service will:

- Liaise with Northumberland County Council Public Health Team annually to agree the content of the letter to be issued to parents explaining the purpose of the programme and provide parents with the opportunity to withdraw their child from the programme.
- Liaise with Northumberland County Council Public Health Team annually to agree any accompanying content to be sent alongside the letter, such as information about local services or support available, and arrange for printing of any additional content.
- Liaise with Northumberland County Council Public Health Team to obtain up to date lists of eligible pupils and contact details to enable the NCMP to be carried out.
- Liaise with educational settings to schedule sessions to carry out the NCMP and ensure that they are fully briefed on the programme where appropriate.
- Carry out catch up sessions as required to ensure that any children missing initial sessions are measured.
- Issue letter to parents of eligible pupils to provide information about the scheme and enable them to opt out of participation, as necessary.
- Ensure that the data collected from NCMP sessions is updated to the NHS digital system for review which will support parents and carers of measured children receive the results letter, which has been checked for accuracy, within 6 weeks of measurement.
- Ensure that individual NCMP data is not released to educational settings and that any sharing of information is anonymised and aggregated to avoid identification of individuals.
- Ensure Systm1 is updated with the child's individual result so enabling appropriate access to GPs as required.

### **School Health Profiles**

- The Public Health Pillar will lead the development and implementation of a multi-agency school health profile using results from NCC's health-related behaviour questionnaire (HRBQ).

- The Public Health Pillar will work with schools to coordinate and offer leadership regarding the health offer into school settings, identifying three key health priorities for each school and offering face to face or virtual health promotion in response.
- School Health profiles will be delivered into schools yearly.

### **The Public Health Pillar Targeted Support**

The Public Health Pillar will provide early help to those children, young people and their families who require additional services including:

- Supporting emotional health and wellbeing.
- Reducing risk taking behaviours.
- Improving healthy lifestyles.
- Level 1 continence support.

The targeted support will be responsive to needs identified in the Child Health profile for Northumberland. The rates of hospital admissions due to unintentional and deliberate injuries, self-harm, substance misuse and alcohol-specific conditions are significantly higher than national averages. In response the public health pillar has developed interventions for alcohol, drug, and vaping misuse, and will signpost to partners when appropriate.

The home environment assessment tool is completed during all home contacts and includes home safety and accident prevention health promotion.

### **Continence support**

The 0-19 service will offer level 1 support as described in the Paediatric Continence Forum guidance<sup>5</sup> to children referred into the Pillar with continence needs. All staff providing continence advice and support will complete recognised evidenced based training in level 1 continence (bladder and bowel) support. The recognised training is currently provided by ERIC (Education and Resources for Improving Childhood Continence).

Continence referrals will be screened against the Paediatric Continence forum guidance.

- Level 1- assessment to be completed, if indicated a 12-week programme to be provided with follow up on completion.

All referrals into the Public Health Pillar will be triaged within two working days and delegated within five working days.

The service will offer and promote bladder and bowel workshops across Northumberland both virtually and face to face to encourage parents, Children, young people, and their

families to attend to understand healthy bladder and bowel function and provide level 1 information.

The Growing Healthy Northumberland 0-19 universal health promotion offer will include:

- Sleep Hygiene
- Risk taking behaviours.
- Tobacco use/vaping
- Healthy weight and nutrition.
- Oral Health.

### **The Public Health Pillar Specialist Support**

The Public Health Pillar will provide additional services to children with vulnerabilities and their families with specific problems requiring co-ordinated support from a range of professionals. This may include:

- Co-working with other agencies including joint visits and delivery of integrated, multi-agency care packages.
- Ongoing support to children who are cared for or where safeguarding processes are in place. We will following national and local policies to ensure children at risk of or suffering significant harm receive the right support and care.
- Working with partners to deliver more intensive support/This may include, but is not restricted to additional needs, for example families experiencing social disadvantage, those where safeguarding measures are in place, families with a child with a disability, young parents/carers, adult mental health issues or substance misuse.
- Attend GP /0-19 safeguarding liaison meetings sharing information, to assess risk, vulnerabilities and identify protective factors whilst considering how best to promote the welfare of children and young people. This is in line with the HDFT Quality Standard for GP/0-19 Liaison meetings.

### **Infant Feeding Pillar.**

The infant feeding pillar will:

- Provide Infant Feeding support across Northumberland for all families. This includes the provision of specialist support for mothers experiencing difficulties in breastfeeding. The Child Health profile for Northumberland identifies that the rates of sustained breastfeeding at six weeks are increasing.



- Achieve and maintain full accreditation of UNICEF Baby Friendly community initiative. Compliance with UNICEF BFI standards and works jointly within the partnership to provide training and support to the wider workforce.
- Work collaboratively to deliver breastfeeding support that is co-ordinated between maternity, primary care, Family Hubs, and early year's settings.
- Lead work around breastfeeding in the community, including building community capacity to support breastfeeding.
- Provide training and resources for the multi-agency workforce to promote and increase breastfeeding.
- Offer robust weaning guidance which is evidence based through group and one to one support.
- Promote uptake of the Healthy Start Scheme and the availability of healthy start vitamins via family hubs.

## **The Emotional Health and Resilience Pillar.**

The Emotional Health and Resilience team (EHR) will provide low level interventions to help young people manage their emotions. The aim of the pillar is early intervention to reduce the need for young people to access specialist mental health services.

The Emotional Health and Resilience Pillar contributes to the Northumberland multiagency graduated approach to children and young people's emotional wellbeing and mental health support. We work in partnership to ensure children receive the correct level of support, which means that some children may need to access support from more than one service. For example, children on the neurodevelopmental diagnostic pathway may also be receiving emotional support from the EHR pillar.

The pillar will provide children, young people, and their families one to one support using evidence-based assessment tools around a variety of emotional health issues including low-level anxiety, body image and self-esteem, anger, sleep, bullying, low mood amongst other low-level difficulties.

The EHR team also provides evidence-based group work.

The EHR Pillar will not accept referrals for children requiring above level 1 intervention, we will signpost the referrer to appropriate partners.

The EHR Pillar works closely with the Community Triage Nurse and Public Health Pillar and participates in weekly interface meetings with other mental health services including primary mental health and Cumbria, Northumberland, Tyne, and Wear NHS Foundation Trust to discuss and action plan support for children and young people with a more complex presentation, from the most appropriate service(s).

## Safeguarding

Safeguarding is a fundamental role of all pillars of the Growing Healthy Northumberland Service and all levels of service delivery. The Service will provide appropriate and effective safeguarding services in accordance with national and local requirements and guidance.

A safeguarding model, including a safeguarding pillar has been implemented which describes the role and responsibilities of the service. This is to enable the effective use of resources and to avoid duplication within the service.

The Specialist Safeguarding team will support:

- Integrated Front Door
- Safeguarding Training. – Development and delivery of training in line with both local and national picture.
- Safeguarding Children Supervision.
- Deep-Dive Audits enabling reflective learning and in-depth supervision. – as well as contributing to robust quality assurance across the local area and promoting good professional practice
- The Safeguarding Single point of contact (SPOC)
  - Providing advice and expertise across the organisation and working closely with the organisations safeguarding lead
  - Contributing to Multi-Agency Public Protection Arrangements (MAPPA), MARAC, MSET and PREVENT processes.
  - Child Death processes within timeframes as outlined in Working Together (2023)
  - Capture and collate performance data in relation to safeguarding children.
  - Support and advice in relation to court reports, police witness statements and court attendance.

Contribute and work in partnership with the Northumberland strategic Safeguarding.

- Develop and implement an ongoing audit programme contributing to both internal and external audits.
- Represent HDFT within the local partnership ensuring a coordinated approach to Safeguarding priorities.
- Lead and contribute to system level learning at local level with partners through Local Learning Reviews, Child Safeguarding practice reviews ensuring action plans and recommendations are implemented.

The Safeguarding Pillar will:

- Attend strategy meetings, providing analysis of health information.
- Undertake child and family focussed assessments using professional knowledge, skills, and tools such as Early Help Assessment, Signs of Safety and follow/contribute to relevant multi-agency policies and protocols to identify vulnerability or child maltreatment. Northumberland Safeguarding Children Partnership (NCASP) procedures should be used if a child is identified to be at risk of significant harm.
- Deliver Family Health Needs Assessments and Home Environment Assessment Tool (HEAT) contribute to multi-agency assessments, planning, and interventions, relating to babies, children, young people, and families who are at risk and need additional support.
- Work in partnership with other key stakeholders to help promote the welfare and safety of children and young people.
- Work collaboratively to support children and young people with identified health needs to offer and referring children and families to specialist medical support, where appropriate.
- Attend GP /0-19 liaison meetings sharing information, to assess risk, vulnerabilities and identify protective factors whilst considering how best to promote the welfare of children and young people. This is in line with the HDFT Quality Standard for GP/0-19 Liaison meetings.
- Contribute to reducing the number of children who enter the safeguarding system through preventative and early help work.
- Deliver accordingly in line with local inter-agency and internal safeguarding policies and procedures as determined by HDFT and the Northumberland Children's Safeguarding Partnership.

## **SERVICE ACCESS AND DELIVERY ENVIRONMENT**

### **Service Delivery Location(s)**

The 0-5 team will deliver the Healthy Child Programme at home.

- Be delivered within Northumberland local authority boundaries ensuring ease of access for children, young people and families and maximising opportunities for them to access the service.
- As a community-based health service we will endeavour to provide accessible services close to where people live and work, making use of a range of community settings. As far as practically possible, we will endeavour to co-locate staff and services within locality-based settings, including Family Hubs.
- Offer a choice of locations and times for visits which best meet service user needs. Locations must be easily accessible for all children, young people and families who live in the local vicinity (including access by public transport and at times appropriate to the service user), child and young family friendly, suitable for multi-disciplinary delivery of services in both individual and group sessions and be conducive to flexible availability (e.g. early mornings, lunchtimes, after school and evenings).
- In collaboration with local partners and feedback from service users, agree suitable locations for service delivery. Reviews will be undertaken periodically to ensure the locations are suitable to local needs.
- Carry out joint visits/contacts in partnership with other agencies where this is appropriate and reduces inconvenience for families.
- Be delivered in accessible venues and community settings. Prioritisation of resources shall be according to need to ensure equitable provision and minimise the impact of inequalities.

## **Operating Hours**

The Service will be available from 8am to 8pm (as appropriate and to the needs of children, young people, and families), Monday to Friday (as appropriate to the needs of children, young people, and Families).

## **Service Environment**

The Service in partnership with Northumberland Council will:

- Be provided from an environment in which services are well maintained, easily accessible, with good public transport links, and have infection control and health and safety policies and procedures in place which meet national regulation and requirements.
- Ensure that consideration is given to the external environment of all delivery sites including the potential impact and effects on the local community and those using the service.
- Ensure compliance with all relevant CQC requirements.

- Work within the confines of the lease/licence as per the Section 75 partnership agreement.

### **Central/Southeast bases.**

- Ashington Family Hub.
- Bedlington Family Hub.
- Cramlington
- Eddy Ferguson House.
- Lynemouth

### **North Bases.**

- Linnet Court.
- Amble.

### **West Bases.**

- St Matthews House.
- Oaklands – Prudhoe
- Ponteland.

### **Inclusion Criteria**

The Service will be delivered to residents within Northumberland – defined by the Council's geographical boundaries. The Service must ensure equal access for all children aged 0-19 (25 for SEND) and their families regardless of disability, gender reassignment, marriage and civil partnership, sex or sexual orientation and race – this includes ethnic or national origins, colour or nationality, religion, belief, or lack of belief.

### **Access and Referrals**

The Service will make any reasonable adjustments to ensure that the Service is accessible to all eligible service users, including people whose characteristics are included within the scope of the Equality Act 2010.

The Service will ensure equal access for all children and their families, irrespective of age, disability, gender reassignment, marriage and civil partnership and race – this includes ethnic or national origins, colour or nationality, religion, lack of belief, sex or sexual orientation. The Service will also consider other dimensions of inequality such as

socioeconomic, geographical, and inclusion groups as outlined in the Northumberland Inequalities Plan.

Following the initial contact with the family the next steps will be negotiated, based on the information available. Public Health Nurse will use their professional judgement as to the appropriate action to take.

The Service will:

- Respond to coverage / local authority boundary issues which arise regarding 0-19 services by working collaboratively with neighbouring providers, NCC and other relevant commissioners. Our approach will be that meeting the needs (including safeguarding needs) of the child or family take precedence over any boundary discrepancies or difference of opinion between services.
- Follow relevant local and regional pathways and processes to ensure service users can access advice, support and interventions that fall outside the scope of the Healthy Families Plan.
- Proactively engage with service users to develop a thorough and up-to-date understanding of the issues and barriers they experience in accessing our services and use learning to improve the service.
- Be responsive to the changing needs of service users to enable innovation and development.
- Ensure that advice and information is made available via a range of communication channels, including, but not limited to; written, telephone, email, internet, and social media, with the emphasis on access for young people using their preferred medium, for example texting.
- Ensure that information is made available in a range of formats and languages that to meet the needs of the diverse population of Northumberland including those with impairments and disabilities.
- Ensure that young people can make an appointment or have access to a Public Health Nurse, or the appropriately qualified/trained staff member, without having to go through a third party where they are actively being supported by the Service.