



Child Health and
Wellbeing Network
North East and North Cumbria

Addressing Child Health Inequalities in the North East and North Cumbria

Projects submitted to support the Child Health and
Wellbeing Network summit held on 20th May 2022



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Foreword

Since the start of our work in the North East and North Cumbria (NENC) Child Health and Wellbeing Network, the issue of inequalities has been a consistent focus and can be seen as a thread in what we have achieved.

- In 2019, inequalities featured heavily in the development of our priorities, including poverty, vulnerability and mental health
- In 2020, our Poverty Proofing consultation asked young people and families what the barriers are to accessing health services
- In 2021, the publication of our Facts of Life report detailed stark statistics for our young people growing up in the NENC. Inequalities formed the focus of initiatives such as the South Tees Arts Project (STAR), working into our under-served communities, and the appointment of our Health Inequalities advisors.
- In 2022, our team continues to focus on under-served communities. We have hosted a Network 'huddle' to share good practice in relation to refugee and asylum-seeking families, developed Youth Mental Health First Aid Community Hubs, and appointed a new Apprenticeship for a young person who has lived experience of the care system.

As a Network what we do is just a small part of a larger and amazing system we connect into, and one of our key roles is to share good practice. This resource brings together key information and contacts for the over 40 initiatives that colleagues across our child health and wellbeing system wanted to share at our Addressing Child Health Inequalities event. Through this publication and onward spread of the projects outlined here, we hope to share and cascade their fantastic work for others to connect with, be inspired by, and learn from.

Our thanks goes to the NENC Health Inequalities Group for asking us to host this event, and those leading the inspiring work included in this document (and those not included but still making a difference in this area), but especially those happy to learn from the examples shared within to the benefit of our children and young people.

We hope you find this resource beneficial to your work and those you support by raising the importance of children and young people in the post-Covid context, where we are seeing already significant inequalities given an even more shocking potential. We are proud to showcase the work being undertaken to address this at many levels across our region, and the commitment to improve outcomes and experiences for children, young people, and their families is heartening to see.



Dr Mike McKean
Clinical Lead

Heather Corlett
Programme Lead

NENC Child Health and Wellbeing Network

“There has never been a more appropriate time to push, impact and influence real change on children and young people’s health inequalities for our region. Our focus as a network of individuals, teams and organisations to create a movement befitting to the populations we serve can and will make a difference – the true ambition of collaboration.” Julie Gillon, Chief Executive - North Tees and Hartlepool NHS Foundation Trust, Senior Responsible Officer for Health Inequalities - NENC ICS

“When we consider that health inequalities are unfair and avoidable differences in outcomes for people in communities, I think it’s especially poignant for children given that the best start in life has a huge impact in terms of health outcomes and indeed life outcomes. That is why I very much welcome and fully endorse the approach that North East and North Cumbria are taking. Thank you so much for all the excellent work that you are all doing and we all look forward to learning more from you.” Dr Bola Owolabi, Director, Healthcare Inequalities, National Healthcare Inequalities Improvement Programme NHS England & NHS Improvement

The Projects

All project submissions received were reviewed by an assessment panel, including our Young Advisors group. We were incredibly impressed by the standard of the submissions, demonstrating the quality and breadth of work happening across the region. Projects that were particularly commended by the review panel as showing excellent outcomes or potential for spread are highlighted on the individual project pages. There were so many fantastic projects to choose from, however, and we are incredibly grateful to those who took the time to share their work with us. We are delighted to showcase them all here.

Tackling health inequalities in school age children living in homeless accommodation



The Newcastle upon Tyne Hospitals
NHS Foundation Trust

What community does your work support?

This project supports the whole family in homeless accommodation. Prior to the pandemic only under 5's were allocated a health visitor whilst living in homeless accommodation and now all children and young people under 19 are offered a full health assessment during their stay in the accommodation.

What is the purpose of your work?

The resetting of the 0-19 service due to the pandemic has allowed the service to work predominantly with complex and vulnerable families. What became clear was that there was a gap in school age children in homeless accommodation being offered a health contact by a 0-19 public health practitioner. Homelessness can cause severe emotional trauma leading to emotional behaviours, stress and anxiety, with younger children often becoming withdrawn. In order to meet these needs and address the health inequalities in this group of children, the 0-19 service has allocated two Public Health School Nurses to work into the accommodation, offering parents and young people an appointment for a health assessment on two days per month, initially for a three-month pilot period.

What outcomes have been achieved to date?

In the three-month trial period 20 school age children were offered health assessments; 17 out of those 20 have had the health assessments. 10 children were supported with oral hygiene needs, with four referrals into treatment at acute level, six had vision needs and four were referred to Ophthalmology for treatment. Five had incomplete immunisations, three received referrals to tuberculosis service, and two had an increased BMI.

Can your project model be applied elsewhere?

The service has used this model of service delivery to support health assessments for asylum seekers locally, and all children under 19 have received health assessments prior to being rehoused. Staff visit the asylum-seeking families' temporary accommodation once per week. We plan to offer the same whole family support to families in a domestic abuse refuge.

A 10-year-old boy diagnosed with selective mutism verbally told his school nurse that he now felt safe in the accommodation and that he was a 7/10 for feeling happy.



Organisation: Newcastle upon Tyne Hospitals NHS Foundation Trust
Contact: Becky Humphreys rebecca.humphreys@nhs.net



Community Directorate

'Welcome to the World' packs



What community does your work support?

Disability community, specifically new parents who have given birth to a baby who has Down's syndrome.

What is the purpose of your work?

Welcoming new parents of babies born with Down's syndrome into the Down's syndrome community, signposting on to national and local support. Supporting maternal mental health.

"Unfortunately, there is a longstanding history of an apologetic narrative around Down Syndrome, and we believe these suitcases are a wonderful way to help parents understand and celebrate how special their baby is and also support their mental wellbeing." Rachel Barwick, Clinical Nurse Specialist in Learning Disability and Autism

"This pack has brought us so much joy and I really hope that they will be able to accomplish their target and be able to supply these to all new parents." First-time mum

What outcomes have been achieved to date?

To date, two maternity units in Cumbria, the RVI in Newcastle, and Darlington Memorial Hospital have welcome packs. We are hoping to extend this to all hospitals in the North East as part of their Down's syndrome pathway. The packs have also been sent to other maternity units in Scotland and England. We have also spoken to other groups who want to set something similar up for maternity units in Wales and Ireland. We also set up a 'Time for me' support group in collaboration with the Happy Mums Foundation, further supporting maternal mental health in Cumbria & beyond. Packs are now available for new parents to order directly from the website & we have already had 5 separate orders from areas where packs are not yet available.

Can your project model be applied elsewhere?

This has been taken up in Leeds and Chichester, and others are in talks, including West Pennine and North Lancashire. Coproduction and collaboration with local groups, inter-departmental synergy between maternity units and Special Care Baby Units working together to provide the support boxes, signposting new parents on to local & national support in a supportive, welcoming, non-clinical, non-pressured way.

Organisation: Diff-Ability

Contact: Cristina Bowman info@diffability.co.uk



Healthcare transition for young people across the North East and North Cumbria: scoping exercise against national standards



What community does your work support?

The healthcare community across the North East and North Cumbria. Young people aged 14-18 years with a chronic health condition attending hospital care setting.

What is the purpose of your work?

To scope the current service provision and experience of young people and their parent/carer as they move from paediatric to adult services. To develop recommendations based on findings to improve awareness of good healthcare transition and developmentally appropriate healthcare.

When asked about what is important to parents in relation to healthcare transition:

“My child has continued support”

“That there was no break in medical care”

“Should be proactively raised by all GPs or other services”

What outcomes have been achieved to date?

We have completed a scoping exercise, engaged with the youth forum at Great North Children’s Hospital. We have also engaged with local groups of parents with children with SEND. We have written up our findings and recommendations. We have presented at South Tees Healthcare Transitions conference in March 2022.

Can your project model be applied elsewhere?

Yes, a planned purposeful model of preparing the child for adulthood applies to mental health services, social care and safeguarding and education. Although transition in education is embedded, the support for young people with chronic illness and information available to support colleges/universities is not standard or equitable across disease types. Working with education leads we could develop minimal information and signposting needed for young people to access support needed.



Organisation: NENC Child Health and Wellbeing Network

Contact: Louise Dauncey louise.dauncey1@nhs.net

Preventing mental health admissions and the Rapid Response Service



What community does your work support?

The project is based in County Durham and works with young people with experience of mental health services, young people at risk of admission for their mental health, and their families. The Rapid Response Service provides intensive support for young people at risk of crisis admission to hospital for their mental health, and their families.



What is the purpose of your work?

Professionals were aware that there was no additional support available for young people at risk of crisis admission, resulting in short and seemingly preventable admissions, that have significant consequences for the young people. Young people and families asked for: "Less drama when crisis takes place, an alternative mediation and advocacy service so it's not the police or CAMHS crisis having to turn up which is an overreaction, no pitying, get rid of the 'Fire Fighters'".

What outcomes have been achieved to date?

This project worked with young people and their families in coproduction with a partnership of professionals from across statutory and voluntary organisations. The service has been operational since July 2021 and has worked with 15 young people to date. Anecdotal evidence to this point demonstrates that the aims of the service has been met. A formal evaluation is ongoing and feedback will be available in May. A young person and a parent with lived experience of mental health services were involved in the recruitment of staff for the Rapid Response service.

Can your project model be applied elsewhere?

While a similar model could be replicated elsewhere, the success of this project has been that solutions have been developed in co-production with young people and families and with a strong partnership of professionals. More so than the final service outcome or how the work was structured, the project model should be seen to be about co-production and partnership working.

"It's amazing what has been put in place to prevent admissions, can't even explain how pleased I am and I'm so thankful to everyone who has made this happen as it is going to save so many people and prevent so many bad experiences happening. :)" Young Person involved in the project group



Organisation: Investing in Children
Contact: Emma Rogan emma.rogan@investinginchildren.net



My Chatty Book

Learning Disability and/or Autism

What community does your work support?

Our project is aimed at children and young people with profound and multiple learning disability.

What is the purpose of your work?

The work is split in to two elements. The Chatty Book and the Cheat Sheet. The Chatty Book is developed by families / carers of children and young people with a profound and multiple learning disability and is owned by them. These children have communication barriers which means they communicate differently and not always verbally. This often creates a number of challenges when accessing healthcare. The purpose of the Chatty Book is to ensure you can hear the voices of those who have a hidden voice, it helps prepare professionals for the appointment as well as the family and child. It removes barriers and stigmas and hopes to improve the experience for the child, family and professional. The Cheat Sheet is similar to the Chatty Book but is a brief top tip document about how to engage with children and young people with a profound and multiple learning disability. It is more of a generic tool to sit across departments and teams across services with quick and tangible advice and achievements around how you might engage with these groups of children.

What outcomes have been achieved to date?

The work is currently in development by Debbie Austin our family workforce manager. She is a mum with lived experience of a daughter with a learning disability and she has developed a Chatty Book and Cheat Sheet for her daughter to help with her health appointments. It has been well received by professionals who have used this and it has improved the experience and outcome for Debbie and her daughter. Debbie has also developed the Healthcare by Hope presentation, outlining the barriers and challenges children with a learning disability and their families face accessing the healthcare system. The presentation looks at some solutions to the challenges and provokes conversations and thoughts amongst services to improve their practice and discover ways to improve joined up working. The presentation, so far, has been widely delivered to a range of healthcare professionals across the NENC ICS through various settings and has been very well received.

Can your project model be applied elsewhere?

Yes, the Chatty Book and Cheat Sheet could be adopted and adapted for any service or patient group where appropriate

"You have very much highlighted the power of, and need for, personalised approaches that work for individuals and families."
 Claire Braid, Personalised Care Lead, NENC ICS

Organisation: North East and North Cumbria Learning Disability Network
Contact: Deborah Austin Deborah.austin9@nhs.net



Couch to 2k



RISE.



What community does your work support?

Couch to 2K (C2K) supports young people aged 11-18 to gain self-confidence, improve fitness, increase physical activity and have fun via weekly walking/jogging/running sessions over 6-8 weeks. Youth Workers support referrals via Great North Children's Hospital and health services for young people who are "inactive"/ otherwise not engaged in sport or physical activity.

What is the purpose of your work?

The aim is to offer young people a fun, supportive and non-intimidating session to increase self-confidence and improve fitness. Typical referrals included young people with diabetes, kidney transplant patients, young people with Cystic Fibrosis etc. The project addresses a gap in provision for those who are not engaged in any sport or physical activity and who do not take part in PE at school. Each individual who takes part receives £55 sports voucher prior to starting so items such as trainers, running clothes etc can be bought to remove barriers to participate.

What outcomes have been achieved to date?

100% of the young people who took part in 2020 said that prior to C2K they would usually be at home all day, playing on game consoles or watching television, and wouldn't often go outside. Every young person said that the sessions were fun and all said that they would like to continue to attend sessions each week (even after their timed 2K run). All reported an increase in their physical activity and all felt more confident.

Can your project model be applied elsewhere?

Yes, the project can be applied elsewhere. Key steps for success: Speak directly to the young people and their parents before the project begins to answer any questions. Hold sessions outside of school hours. Ensure sessions are Youth Work led. Develop clear referral routes/partners. Remove as many barriers to participation as possible. Keep the sessions informal. Never mention weight or weight loss, sessions must be about meeting new people, trying new things.

"This targeted exercise intervention is done in such a carefully planned and engaged way that it has made a big impact." Network review panel



Organisation: The Children's Foundation
Contact: Sean Soulsby sean.soulsby@nhs.net



Improving health promotion for paediatric respiratory conditions



What community does your work support?

Among paediatric patients presenting to emergency and outpatient services at University Hospital of North Durham with respiratory issues: children and young people exposed to second-hand smoke, who are smokers themselves, who are exposed to damp, cold and poor ventilation due to housing, or who undertake limited physical activity.

What is the purpose of your work?

There is a marked social gradient in children and young people's health, including for conditions such as asthma. The RCPCP State of Child Health report highlights actions in clinical settings that can be taken to begin to reduce health inequalities. These include Making Every Contact Count and signposting disadvantaged children, young people and their families to sources of support. Several issues were identified as priorities after discussion with the local public health team at Durham County Council. The quality improvement project aims were:

- To establish current health promotion practice during encounters about respiratory issues
- To make resources for health promotion that are available and used by medical staff
- To test the acceptability of the resources to young people and parents.



Organisation: Health Education North East

Contact: Dr William Tasker William.tasker1@nhs.net

What outcomes have been achieved to date?

A process map of current health promotion practice was completed.

This revealed that:

- There was no available information on the impact of smoking, indoor air quality and physical activity on respiratory health
- Signposting to smoking cessation services was only encouraged via a leaflet and a poster in 2 locations
- There were no means of referring for a housing assessment or highlighting support for housing issues
- There was no highlighted information or support for encouraging physical activity.
- A survey for parents and young people exploring their preferred means of receiving information is still due to be carried out.

Interventions so far include:

- A teaching session on brief intervention; ask, assist, act.
- Resources made available on the intranet such as information summaries for each topic, QR codes and search terms for relevant websites/telephones, and a local authority housing support referral form.

Can your project model be applied elsewhere?

The principles of the model could be applied in different settings given that the aims are underpinned by national guidance and the issues of smoking, indoor air quality and physical exercise will be similarly relevant across the region, although perhaps to slightly different extents. The effects of these social determinants on children's respiratory health and principles of brief interventions are universal so information will be equally relevant to the different populations served in the North East and North Cumbria. A central portal of information such as the Healthier Together website that can link with quickly identifiable local support, such as through the Making Every Contact Count website might allow broader resources to be available quickly across the region.

QUIT team - formation and methodology

What community does your work support?

Create an 'in-house' stop smoking service for pregnant women, their families and acute inpatients within an NHS hospital to support the requirements of the NHS Long Term Plan with an overall aim of helping to save babies' lives, tackle avoidable illness, and reduce health inequalities. The QUIT team was formed and integrated into an NHS 'in-house' model to complement work done by the local authority stop smoking service.

What is the purpose of your work?

The purpose of the QUIT team is to provide a robust support network to help tackle tobacco dependency throughout the hospital and community services. A team of 3 Stop Smoking Advisors was formed from individuals who are emotionally invested in helping people to stop smoking. Smoking rates at the time of delivery are significantly above the national average within Gateshead and following audit of the current provision, clear action points were identified to support the intervention. The NHS Recommended Model for inpatients and the Maternity service was used as a template to build the intervention. Particular attention was made to promote and encourage engagement early in pregnancy, and continues into the postnatal period with clear, collaborative links with the Health Visitor team and the Maternity Health Advisor.



Organisation: Gateshead Health NHS Foundation Trust
Contact: Barbara Lynam Barbara.lynam@nhs.net

What outcomes have been achieved to date?

- Secured funding for 3 x Stop Smoking Advisors and 1 x Service Lead to develop 'in house' stop smoking service - 'QUIT' Team
- Up to 10 appointments with QUIT in pregnancy to build relationship to support stopping tobacco use, and provide a platform to support from a holistic perspective and teamwork with the Maternity Health Advisor
- IT infrastructure to alert QUIT team to patient (smoker) admission
- Rapid response from team to offer support to smoker, <2 hours for inpatient, within 24 hours in community
- Communication and shared learning throughout Trust to raise awareness of 'QUIT' team
- Easy referral via phone / Vocera / email to QUIT team
- Presence of team to gain trust and easy access
- Guideline to support the reduction of barriers to supplying Nicotine Replacement Therapy (NRT)
- NRT delivered to patients easily within the hospital and stored at QUIT office to reduce wait time on wards and reduce workload for busy ward staff
- Robust process for non-engagement within Maternity
- Incentives to run alongside standard care to support quit attempt. Love to Shop vouchers to spend on baby equipment or health promoting items.

Can your project model be applied elsewhere?

Project can freely be applied elsewhere. Key steps include:

- Highly motivated and emotionally invested team
- Effective leadership
- Funding to sustain development and ongoing implementation
- IT infrastructure to enable continuity of carer, BI reporting and key performance indications compliance
- Listening to patient feedback - Willingness to change - Collaborative working and learning

Therapeutic Horticulture



NIHR | National Institute
for Health Research



What community does your work support?

The project offers young people with social, emotional, learning difficulties and a range of complex needs the chance to undertake a Level 1 Award in Practical Horticulture. It focuses on those who do not flourish in traditional classroom based environments, those on the verges of exclusion, or on reduced timetables.

What is the purpose of your work?

The project supports young people to create a school garden as a safe and secure place to develop their ability to mix socially, make friends and learn new practical skills. The direct benefits of this project include: increased physical and mental wellbeing; increased confidence, resilience, teamwork and communication; learning new skills specifically linked to the environment; the importance of biodiversity and sustainability. The project focuses strongly on empowering young people to reach their potential and opens up an understanding of future pathways into higher education and employment.

What outcomes have been achieved to date?

Provisional findings from an evaluation carried out by the University of Cumbria suggest a number of positive outcomes for young people. These focus primarily on personal agency, positive life experiences and health outcomes. 83% of young people participating in the project achieved the Level 1 award. 84% of the first cohort left school and entered into further education on a horticulture related course. The project is supported by the NIHR Applied Research Collaboration (ARC) North East and North Cumbria.

Can your project model be applied elsewhere?

A number of 'golden rules' have initially been suggested from the research, including: Ensuring trusted, supportive, and suitably experienced staff as role models for young people. Support but also firmness when required to establish pro-social behaviours. Offering choice in respect of activities, and empowering young people with decision making processes. Be sensitive to young people's needs by taking time to consider what has brought them to the project.

"What appealed to me about the Horticulture project was that the students are working towards a qualification that they wouldn't be able to get at school. It's clear that schools in their current format do not suit all people or all styles of learning so providing alternatives has never been more important." Network Young Advisor Network review panel



Organisation: The Children's Foundation
Contact: Sean Soulsby sean.soulsby@nhs.net



Families in Mind



What community does your work support?

We support parents/guardians of children/young people who experience anxiety or low mood. We also offer the service to school staff member that support students with anxiety or low mood. The FIM Service offers 6-8 weeks of secure access to Supporting an Anxious Young Person Programme - online CBT structured self-support.

What is the purpose of your work?

Our Families in Mind Service is for parents/guardians across Eden in Cumbria. The rural nature of Cumbria is such that access to services for young people and their guardian can be very challenging. Beyond early help services means that families and young people must travel large distances, often without means of transport, to access minimal services. Through our work in the community we have found that the rural areas and the sparse nature of Cumbria has impeded the inclusivity and engagement of these communities in any access to mental health services. FIM is for parents/guardians of children aged 5-18yrs, looking to support their children in dealing with worry and anxiety, as well as learning helpful strategies to deal with their own anxiety, empowering them to recognise and focus on the helpful sides of anxiety. Parents recognise and draw on their own strengths to make changes during challenging times, and develop a plan of action for how to help their child manage their own experience of anxiety.

What outcomes have been achieved to date?

The programme is accessible 24/7, allowing users to access the programme at a time that suits them and from the comfort of their own home. One of the huge advantages of FIM is the limited disruption to the support offered to young people if they face isolation or restricted in person access to their support due to Covid measures. Due to the combination of the online element there is minimal disruption. Parents shared this has been such a benefit to have this consistency in times of constant change. One of the outcomes of FIM is to help the parent/carer to become aware of their own emotions and reactions, to empower them to support their child. Once they have the understanding of their emotions and how their anxiety makes them feel, parents/carers then have the 'space' to choose a more helpful response for the anxiety their child is experiencing.

Can your project model be applied elsewhere?

Yes, this could be applied more widely with further funding. It is very accessible to set up. Good links with the local community to support promotion and a strong reputation so that families can trust in the service and its delivery.

"It was so helpful to be able to access this support at any time. Giving myself five minutes at the end of the day or during a quick lunch break. It helped us both." Parent feedback

Organisation: Carlisle Eden Mind

Contact: Lynsey Eland lynsey.eland@cemind.org



Increasing uptake of Annual Health Checks - development of the Primary Care Health Hub

What community does your work support?

The Primary Care Health Hub supports people with a learning disability and those with severe mental illness (SMI) aged 14+ to receive an annual health check. The hub is an extension of GP surgeries, delivering an outreach-style approach to facilitate health checks for people who struggle to engage with their GP surgery.

What is the purpose of your work?

People with a learning disability/SMI have a reduced life expectancy, often due to avoidable physical health conditions. The work of the Primary Care Health Hub facilitates annual health checks to provide support around early intervention and prevention for both physical and mental health conditions. This includes working with the children, young people, and their parents to find out their needs and wishes so the appropriate reasonable adjustments can be provided.

“My son relied on his sister’s wheelchair to go out and about. During the annual health check, the team said they would also put a referral in for a wheelchair. He now has his own which has given him greater freedom to be able to do things he enjoys.”

“Already looking forward to next year’s home visit for my annual health check!”

“It’s so much easier at home as I’m able to be with my dog.”

What outcomes have been achieved to date?

In 20/21, the hub supported 86% of people with a Learning Disability and 67% of people with SMI on a GP register to receive an annual health check. The hub takes into consideration the variety of need within South Tyneside, therefore each outcome achieved is reflective of the individual needs of the person.

Can your project model be applied elsewhere?

The model could easily be applied elsewhere, however, the ethos and approach adopted has been aligned to the feedback, needs, and wishes of our residents. The model has been created embedded in co-production and based on the feedback of those with lived experience. The approach was also implemented by an expert by experience who was employed within the Joint Commissioning Unit. The team is considered as an extension of the 21 GP surgeries in South Tyneside..



Organisation: South Tyneside CCG
Contact: James Gordon james.gordon1@nhs.net



Place based approaches to support our local communities

What community does your work support?

This work supports our residents who live in Northumberland. It's been developed as part of Northumberland Communities Together which exists to support working together, trying out new things, and making the most of all knowledge, skills, and resources available. By working in and with our communities we can make a difference where and how it is needed.

What is the purpose of your work?

The work that we do is about responding to residents' needs by being able to offer place based approaches to issues that may have been identified in local areas. By working in collaboration with residents, families, children and young people, as well as community organisations, we are able to offer innovative ways to work and engage.

What outcomes have been achieved to date?

This work is in its infancy, however with the development of our community hub in Cramlington a learner café has been set up to offer young people with additional needs an opportunity to gain experience in hospitality. With a pathway of learning being offered to each young person as part of a pathway plan, we have had one young person being offered an apprenticeship with us to develop their skills and learning in this industry. We have also had a series of Winter Warmer events across Northumberland in partnership with Citizens Advice, offering the community advice on financial wellbeing, and supporting with high rising energy costs by giving away slow cookers with recipe bags and menus, to encourage cooking at home but on a budget. This helps our families who are managing on low incomes and also worried about high rising costs.

Organisation: Northumberland Communities Together – Northumberland County Council
Contact: Vanessa Easton vanessa.easton@northumberland.gov.uk

Can your project model be applied elsewhere?

The principles of the model could be applied, but first and foremost is understanding the communities we live in, how we lean into the community and voluntary sector. We are not the experts; listening to everyone and their expertise and taking things gently. The community hub model is based around the communities - understanding what is there and who to connect with and how you can support as a local authority. The power is with the community and being able to recognise that is a skill in itself. Working out who the key stakeholders are and working that relationship is really important. Trust is the main factor.

“It was a lovely morning. Thank you for my slow cooker and recipes; I have never had a slow cooker so I am really looking forward to using it. It's also going to save me a lot of time and money by being able to prepare and cook meals throughout the day. It was also really nice to have a coffee and a chat with the other parents at the school”
Parent who attended the Winter Warmer



Change 4 Life Sunderland



What community does your work support?

Children and young people aged 18 and under, and their families.

What is the purpose of your work?

Change 4 Life Sunderland delivers accessible, cost effective and high-quality provision of a universal offer of physical activity opportunities and nutritional information, in line with evidence based guidance and through the utilisation of national Change 4 Life resources. A family focused approach is adopted in delivery of the service through providing interventions in accessible locations, ensuring adequate geographical provision across the city to meet need and address health inequalities, improving public health outcomes through contributing to the Sunderland Healthy City Plan including:

- Contribute to the increase in the number of children and young people in Sunderland who are a healthy weight through access to a universal offer to support maintaining a healthy weight
- Increase children and young people's engagement in physical activity and reduce sedentary behaviour through an accessible and supportive programme that's tailored to a range of needs including one off community events, regular community and programmed sessions
- Support the improvement of knowledge and confidence of children, young people and their families in how to maintain a healthy lifestyle through a focus on healthy eating, physical activity, behaviour change and overall wellbeing.

What outcomes have been achieved to date?

The provider had to flex and adapt the support provided in response to Covid restrictions, to ensure access to a level of provision and information. The team quickly responded and developed a digital offer to continue supporting the families engaged in the programmes as face to face delivery was impacted. This included regular communication through social media and phone calls to maintain contact and check-ins, a range of sessions were filmed and uploaded to SCC YouTube channel, and a range of resources through booklets and online PDFs.

Can your project model be applied elsewhere?

Yes, the child weight management model can be applied elsewhere. The provider delivers information about health, wellbeing, nutrition and the importance of moving more and eating well through 3 core areas of activity, which includes regular feedback from service users to review and develop any recommendations:

1. A universal offer in the city with broader focus and availability to work with children and families who would benefit from help, information and support about nutrition and physical activity.
2. Targeted interventions based on assessed need through use of the NCMP data to inform and support responsive delivery of the programme throughout the city; and
3. Access to current health advice, information and promotion. A provider would have to negotiate with the national programme to use the Change 4 Life name and logo.

"I would like to say a huge thank you on behalf of all the staff at Valley Road. The sessions were brilliant and the children were really engaged - we would love to book some more in for the autumn term." Class Teacher

Organisation: Sunderland City Council

Contact: Darren Pike Darren.pike@sunderland.gov.uk or Karen Lightfoot-Gencli karen.lightfoot-gencli@sunderland.gov.uk

TIC

Tackling Inequalities for Children



What community does your work support?

The TIC Project works into a number of communities:

- STAR (South Tees Arts Project) - two schools in South Tees
- Youth Mental Health First Aid (YMHFA) - Strategy Sites have been selected across the region (two from each Integrated Care Partnership area, two regional, and two to work into Poverty Proofing and STAR)

What is the purpose of your work?

This programme is specifically designed to tackle inequalities for children across the region by:

- Embedding Youth Mental Health First Aid skills to those most in need through VCSE organisations working in local communities.
- Delivering a collaborative arts intervention (South Tees Arts Project – STAR) with wraparound support for young people and families attending primary schools in our most deprived neighbourhoods.
- Tackling barriers that prevent access to healthcare caused through financial struggles and the impact on mental health in young people.
- Working with an apprentice to ensure we engage effectively with our communities through social media.

“This demonstrates the huge potential for bringing the arts into school along with the importance of supporting mental wellbeing; there is such a growing need for us to develop better ways to support mental wellbeing and I feel this also has huge potential for growth.” Network review panel

What outcomes have been achieved to date?

This project was launched in November 2021 and has had a number of achievements to date. STAR was a finalist in the HSJ Partnership Awards for ‘Most Impactful Project Addressing Health Inequalities’. The project has also recruited two dance artists in residence who are working into the schools, delivering workshops in partnership with a range of organisations. We have commissioned a cohort of 12 YMHFA instructors who will be delivering the two-day qualification into their local communities to support CYP hardest hit by the pandemic. Children North East are working closely with a number of organisations on Poverty Proofing Health Settings, to address inequalities that some families face when they access health services. Teesside University are leading the STAR outcomes research

Can your project model be applied elsewhere?

TIC was made possible thanks to generous funding from NHS Charities Together and County Durham and Darlington NHS Foundation Trust Charity, enabling a unique partnership between the Child Health and Wellbeing Network, NE Youth, Children North East, and the STAR collaboration, led by TIN Arts. This project could be replicated in whole or specific parts depending on the need of the community. There are a number of key steps for successful spread - the most important would be working in partnership across all sectors with regular communication.



Organisation: NENC Child Health and Wellbeing Network
Contact: Emilia Soulsby Emilia.soulsby@nhs.net



Equality of access to paediatric therapies - initial findings from a North East and Yorkshire Deep Dive

What community does your work support?

Children and young people with SEND (Special Educational Needs and Disabilities) aged 0-25.

What is the purpose of your work?

Parents, carers and young people have identified there is inequity in accessing therapy services for their children. The purpose of this work is to develop a North East and Yorkshire understanding of the context of Speech and Language Therapy, Physiotherapy, and Occupational Therapy delivery to children and young people with SEND. This includes analysing waiting times, models of service delivery, quality monitoring and workforce issues to understand the health inequalities in terms of population health, local area and ICS level. As part of this project, the voice of children, young people and their families will inform what effective good therapeutic provision looks like and is being captured through the work of the national Parent Carer Forum network.

What outcomes have been achieved to date?

To date - Data analysis phase is complete which looks at waiting times, activity levels, referral to treatment time, impact of Covid and local commissioning arrangements. Focus groups with the three therapy groups have been held, alongside leads from Local Authorities providing evidence of inequality of access and workforce challenges across the region for a variety of contextual reasons. Information due in by mid-April will include the voice of children, young people and their carers. Work will be complete by the end of April 22.

Can your project model be applied elsewhere?

This methodology of deep dive at a regional level could be applied elsewhere. The findings of this will be produced in a report and contribute to the national discussion between NHSE and the Department of Education around local area support for children and young people with SEND.



Organisation: NHS England

Contact: Samantha Barron Samantha.barron@northumberland.gov.uk

Relationships Matter North East

relate
the relationship people

What community does your work support?

Parents experiencing conflict in the co-parenting relationship. This can be whether they are together or separated and our specialist interventions have supported parents to identify and address the impact that parent conflict has on them and their children.

What is the purpose of your work?

To reduce harm and improve outcomes for children, particularly relating to their mental health and future potential. We recognise that parental conflict that is frequent, intense and poorly resolved has a huge impact on children and young people, from when they are in the womb to when they are managing their own adult mental health and relationships. Our purpose is to try and encourage parents to work together to address parental conflict, but where this is not possible we offer support to them individually or via group work with other parents who are experiencing similar issues. This peer support is invaluable and the purpose is to help parents to slow everything down and try and think about the impact of parental conflict whilst making changes to their behaviour.

What outcomes have been achieved to date?

We have had 1177 referrals and 243 of them have completed the programme with Relate so far, with many more to come. Some have been ineligible and others have worked with our partners on the programme, two other charities. The evaluation of the programme is not complete but parents that have completed are telling us that it has helped them to change how they respond as co-parents, how they cope with difficulties and how they relate to their children and 'tune in' more.

Can your project model be applied elsewhere?

Yes, it could. A successful delivery model would look as follows:

- A thorough referral and screening process
- Skilled practitioners offering one-to-one support with parents and helping facilitate groupwork where appropriate
- Active involvement in the team around the child or plan if there is one
- Training and expertise for other practitioners around the difference between parental conflict and domestic abuse

Organisation: Relate – Reducing Parental Conflict Programme
Contact: Jude Gordon jude.gordon@relate.org.uk



Improving equity for refugee and asylum-seeking families in Gateshead

What community does your work support?

This project supports refugee and asylum-seeking children, and their families.

What is the purpose of your work?

Refugee and asylum-seeking families have frequent health needs that are unique to this population and their experience, and commonly unmet by existing health services. Refugees and asylum seekers suffer from language barriers and not fully understanding the healthcare system, whilst NHS services are often unprepared to proactively facilitate access and address health needs. The purpose of this project is to provide a single point of access for these families, undertake a comprehensive health assessment of children, and remove barriers by connecting families directly to the right health, statutory or voluntary services.

What outcomes have been achieved to date?

More than 140 children had comprehensive health assessments in a secondary care clinic, and dozens of families had similar assessments in a local asylum seeker accommodation through primary care. Health needs that would have been unrecognised and unmet have been addressed, improving health outcomes for these families. Based on these data, an innovative project spanning primary and secondary care, linking a wide range of other services, has been commissioned to further improve capacity and quality of this work.

Can your project model be applied elsewhere?

This is a holistic, innovative, child and family-centered approach to reduce health inequalities and inequities through collaboration of multiple sectors of healthcare, council and statutory services, and the voluntary sector, that could provide a framework for application elsewhere. Engagement of the various stakeholders is critical for this approach to be successful.

“This pulls together partners, has had an impact, and resulted in new services. It addresses diversity of needs and is a really pertinent issue.” Network review panel



Organisation: Gateshead Health NHS Foundation Trust
Contact: Dr Christian Harkensee c.harkensee@nhs.net



SPACE pilot - Social Prescribing And Community rEsources for children and young people



What community does your work support?

Children with neurodisability and their families, who receive care from the Great North Children's Hospital.

What is the purpose of your work?

While social prescribing is becoming more common in the NHS, most of it is in primary care (GP practices) and supports adults. This pilot will explore the impact social prescribing approaches can have for children with neurodisabilities and their families. It will be based in the Great North Children's Hospital (secondary care), integrating the hospital and community settings for our clients. Ways to Wellness link workers will support children with neurodisability and their families, integrating the hospital setting and the communities where our clients live. We will offer non-medical support to complement the work of clinicians in the Great North Children's Hospital. We aim to help children and their families feel more confident to manage their health and wellbeing. Our link workers focus on what matters to them and supporting them to make positive choices.

What outcomes have been achieved to date?

This is a new project, which launched in April 2022. Ways to Wellness has been delivering a separate social prescribing project (aimed at people with long term conditions in Newcastle) and has achieved measurable wellbeing improvements and savings in secondary care for that target group.

Can your project model be applied elsewhere?

Our pilot is going to test the potential for this type of intervention to be scaled up elsewhere. It will explore the potential for this, including what measures might be appropriate to monitor the impact we are having. Project monitoring and evaluation will be undertaken during and after the project, to help us better understand the impact we're having. Ways to Wellness has developed a bespoke Management Information System to help us gather data about the progress our clients make.



Organisation: Ways to Wellness, with Great North Children's Hospital
Contact: Sonia Townend Sonia.townend@waystowellness.org.uk

The Cow's Milk Allergy Project

What community does your work support?

Our work supports the community of parents, carers and health care professionals looking after babies diagnosed with cow's milk allergy (CMA) with pathways/ guidance and educational films. Films provide access to concise practical information that can be used to empower/ support families with self-care and for upskilling health care professionals.

What is the purpose of your work?

Symptoms of Cow's Milk Allergy (CMA) are distressing and are similar to common conditions in infancy such as colic, and misdiagnosis or delayed diagnosis is common. There is often significant delay in diagnosing this condition which causes stress, anxiety and mistrust. Misdiagnosis can lead to unnecessary prescribing of expensive formulas and the emotional and financial burden to families on providing a milk-free weaning diet.

What outcomes have been achieved to date?

The project started in 2020, but went through a period of pause due to the pandemic and other professional pressures due to COVID -19- We have now successfully completed stage 1 and 2 of the project. Outcomes achieved so far:

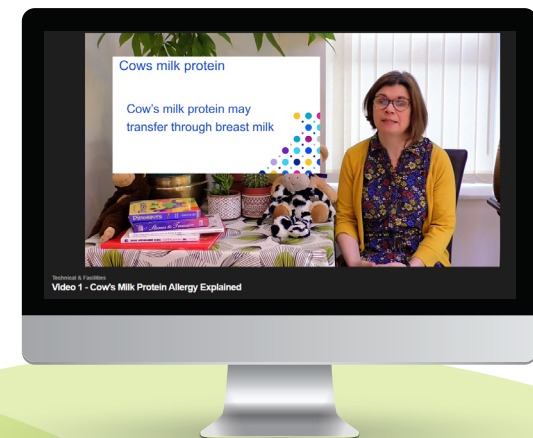
- Development of 7 educational films for patients, public and professionals
- Completion of multidisciplinary guideline and pathway development across the North Yorkshire and Teesside CCG along with the educational films which will be used as a tool in primary care to support patient and the families
- Development of changes to the prescribing pathway in primary care with introduction of specific alerts/ pathway descriptors in relation to milk free prescribing

- Focus on rational prescribing of milk free formulas based on patient needs
- We have had active engagement of primary care as well as development of a new prescribing pathway in primary care with use of allied professionals
- The lead community paediatric dietitian is planning to audit prescribing practice of specialist milk free products in primary care, along with time to diagnosis as well as perceptions of parents in relation to the support they receive around diagnosis and management and the impact of the above interventions (Quality Metrics).

Can your project model be applied elsewhere?

We have had an excellent response from primary and secondary care across the region as well as support from allied professionals including dietitians, prescribing pharmacists, nurse practitioners and nurse prescribers to support this project. The resources of the project can be shared and used elsewhere as part of quality improvement / primary care support. The educational films can be used widely in different regions - we are currently actively pursuing feedback for the content and presentation of the films - we will also be hosting this on the Healthier Together website for wider uptake.

"Excellent videos - very helpful and informative and a great resource for parents starting on the milk free journey!"



Organisation: South Tees Hospitals NHS Foundation Trust

Contact: Dr Devasmitha Venkataraman Devasmitha.venkataraman@nhs.net

Covid-19 and children's homes: the forgotten setting

What community does your work support?

Children and staff living and working in children's residential settings, and affected by COVID-19.

What is the purpose of your work?

At the end of 2020 there were increasing numbers of COVID-19 outbreaks associated with children's residential settings across the North East with recurrent themes and significant issues in their management. There are specific challenges involved in managing COVID-19 in children's residential settings with individual risk assessments being paramount. There was a real lack of national guidance to follow when responding to emerging situations, so the health protection team worked with CYP public health leads to gather intelligence and develop a regional approach with consideration of different options. This ensured that clear lines of communication were in place to enable timely access to local public health expertise where a COVID-19 case was suspected or identified within a children's residential setting and helped to address this important gap.

What outcomes have been achieved to date?

The regional approach addressed specific challenges associated with COVID-19 in children's homes including Personal Protective Equipment, staffing, testing, and Infection Prevention and Control support. The regional approach enabled children's homes to access guidance as well as local authority and health protection support as soon as a case was identified

Can your project model be applied elsewhere?

The regional approach to support the management of COVID-19 situations in North East children's residential settings was beneficial and enabled a quicker and more joined up approach to outbreak management. However there remained a gap nationally and the North East approach was used to develop the National Guidance for Children's Residential Settings so that it could be applied in all other parts of the country, which remains in place to ensure that these settings have access to guidance and support where there was previously nothing in place.

"This is an initiative that has proved to have significant impact for many vulnerable children and young people. I think this is an outstanding initiative." Network review panel



Organisation: UK Health Security Agency
Contact: Rachael Kain rachael.kain@phe.gov.uk



0-19 Children's Public Health Service UNICEF Baby Friendly Initiative

Achieving Sustainability

What community does your work support?

Supporting families in the borough to provide the best start in life to their infants, ensuring families feel supported and are at the heart of our decision making and care. We target those families who we know are in most need of support.

What is the purpose of your work?

In February 2021 North Tyneside Councils' 0-19 Children's Public Health team successfully achieved full UNICEF Baby Friendly Initiative Accreditation and went on to successfully revalidate in February 2022. Over the course of the first year we have focused on progressing the service to support families in the borough to provide the best start in life to their infants ensuring families feel supported and are at the heart of our decision making and care.

What outcomes have been achieved to date?

- **Improving Access to Information** - We deliver Virtual Infant Feeding Sessions which have continued throughout the pandemic.
- **Peer Support** - We are working alongside VODA, North Tyneside's volunteer organisation. Public Health have funded a peer support project with an identified lead to recruit, train and supervise peer support volunteers to improve access for parents in North Tyneside for support with breastfeeding, mental health, parental isolation, newborn behaviour, and much more.
- **Rapid Access Feeding Clinic** - We are planning to launch a rapid access feeding clinic in April 2022. The feeding clinic will support women and babies with more complex feeding challenges. This approach will include wider partners and GPs and the midwifery team will be able to refer into the clinic.
- **Early Breastfeeding Support** - From April 2022 an infant feeding public health assistant will contact mothers via telephone two working days following her discharge from hospital to see how feeding is going, answer questions about feeding, arrange follow up by the midwifery/health visiting team if indicated, signpost and arrange any other needed support.

Can your project model be applied elsewhere?

Yes, with dedicated capacity and a coordinated approach.

Organisation: North Tyneside Council

Contact: Joann Connolly joann.connolly@northtyneside.gov.uk



Wear Here 4 You



What community does your work support?

Primarily young people, including children and families, who are resident in Sunderland.

What is the purpose of your work?

Wear Here 4 You is a mobile provision service providing information, advice and support for children and young people in Sunderland, delivered from our Wear Here 4 You bus, a recognisable hub on wheels to reach young people across the city. Wear Here 4 You engages young people about issues that matter to them, offering advice and support and signposting them to other services where needed. Alongside this, the service will support children and young people to recover from the impact of the coronavirus pandemic, which has widened health inequalities in the city and has impacted on access to services to support children and young people.

Two young people asked for help from bus staff when they felt unsafe. Bus staff worked with the police to get the two young people home safely.

What outcomes have been achieved to date?

A range of outcomes to date include:

- Delivery of themed sessions to raise awareness of online safety, cyberbullying and bullying, and the impact this has on mental health and emotional resilience.
- Delivery of health interventions to children and young people as part of Growing Healthy 0-19 programme – this has included an opportunity to utilise the bus to deliver roadshows through the Better Mental Health funding.
- Deliver and promote the C-Card (age specific).
- Enabling young people to have a positive voluntary relationship with an adult who has a professional interest in the wellbeing of young people.
- Enabling delivery partners to gain a greater understanding of young people's situations in order to increase accuracy of intervention.

Can your project model be applied elsewhere?

Yes, this delivers services through an outreach model, which can be anywhere in the city with an accessible space. The key steps include coproduction and partnership work, with a joint funding approach to support longer term delivery.



Organisation: Sunderland City Council

Contact: Karen Lightfoot-Gencli karen.lightfoot-gencli@sunderland.gov.uk or Jane Wheeler jane.wheeler@togetherforchildren.org



Exploring mental health and psychology support for CYP with epilepsy



What community does your work support?

The population of children & young people (CYP) aged under 18 in the North East and North Cumbria ICS area is c600,000. The incidence of epilepsy in this population is 40/100,000; the prevalence is approximately 5000. Published rates of psychiatric disorder for those with epilepsy (37%) indicate that approximately 1850 CYP with epilepsy have mental health needs.

What is the purpose of your work?

To ascertain the availability of different types of mental health intervention, access and pathways of referral to mental health services and support for CYP with epilepsy, and through analysis of this data, to seek consensus for recommendations for service improvement. The ambition is to improve care for CYP with epilepsy especially in the area of mental health and psychology support.

The aims of the programme are multi-faceted but all align with the priorities of the CHWN and the NHS Long Term Plan (CYP Transformation Programme):

- To identify the current availability, access and pathways of referral to mental health services and support for CYP with epilepsy highlighting areas of good practice
- To identify the key priority areas for development and through the analysis of gaps in provision and any identified inequalities suggest recommendations for service improvement
- Through consultation and feedback agree a common framework for mental health service provision for CYP with epilepsy based on the Long Term Plan, published evidence and best practice recommendations including those from the national NHSE paediatric epilepsy oversight group
- Through this work establish an interdisciplinary NENC epilepsy alliance group, crucial to further work on implementation.

What outcomes have been achieved to date?

The project has resulted in joint working between education, primary care, CYP epilepsy leads, epilepsy specialist nurses and mental health practitioners. The broad inclusive scope has enabled us to gain excellent information from multiple professional perspectives, all of whom are crucial to improving mental health services for this group.

Can your project model be applied elsewhere?

This is not really about developing a model for replication more a baselining and scoping exercise to map and understand the gaps. The recommendations will identify the actions for improvement which will need to be implemented in accordance with the current local variation. The findings and lessons learned will be able to be shared with wider regional and national epilepsy networks and with groups working on other long term conditions in CYP. We anticipate that this model may be adaptable to address the needs of other CYP with long term conditions.

“In my role as Primary Care Advisor I have the formidable task of giving the primary care perspective as we explore various pathways to improve patient care. Many a time we become embroiled in what to do and how to do it, that we forget the fundamental question of why. We sometimes have to pause from our busy schedule and reflect.”

Dr Vaishali Nanda



Organisation: NENC Child Health and Wellbeing Network

Contact: Louise Dauncey louise.dauncey1@nhs.net

Addressing Poverty in Paediatric Hospital Admissions



The Newcastle upon Tyne Hospitals
NHS Foundation Trust

What community does your work support?

Any child and young person who requires acute admission to hospital.

What is the purpose of your work?

We believe that being admitted to hospital incurs extra costs to children and their families. We want to:

- Assess and quantify the financial and hidden burden of admission for children admitted to hospital
- Identify our gaps of knowledge patient and family needs, financially or otherwise
- Collect and produce data which could aid direction of (charity) funds available within our trust to better help requiring help from our hardship funds.

“Being involved in this project has been fascinating as the ‘hidden costs’ faced by patients and their families during admission is an incredibly important yet often underestimated topic. I believe it imperative to ensure everyone’s voice is heard, especially when concerning inequality which is why the involvement of those affected and people from various stages in their careers has been invaluable.”

Holly Smith, 5th year medical student

What outcomes have been achieved to date?

This project is a collaboration with the Young Peoples Advisory Group – North England, with involvement of young people in data collection and analysis. We are at the point of data collection currently. This project is also supporting young people (YP) who are interested in applying to medical school and biosciences by providing opportunities for work experience in healthcare fields. We specifically support and mentor YP from non-medical and state school backgrounds. This project forms the basis of their A-level Extended Project Qualification. With the data from this project we hope to work with GNCH charity foundation to better target small grants for families admitted to hospital.

Can your project model be applied elsewhere?

Yes. We are already sharing the project via the DIAMONDS Horizon EU research project with the purpose of collecting data from other UK and international centres on poverty proofing paediatric admissions.

Organisation: Great North Children’s Hospital
Contact: Dr Emma Lim emma.lim2@nhs.net



Reducing Health Inequalities by providing better access and support for tobacco dependency through the North East and North Cumbria (NENC) ICS Tobacco Dependency in Pregnancy Programme



What community does your work support?

Our work ensures that over 5000 pregnant women and their partners who have a tobacco dependency across the NENC every year are identified, receive timely, high-quality advice and support across the system to enable them to stop smoking.

What is the purpose of your work?

Working in partnership with key stakeholders, organisations and the Maternity Voices Partnership across the region, the NENC ICS Tobacco Dependency in Pregnancy programme aims to reduce smoking in pregnancy from 15.2% in 2018 to less than 5% by 2025. Smoking is the single largest modifiable risk factor for poor birth outcomes and in the North East & North Cumbria, and rates of smoking at time of delivery (SATOD) remain higher than the English average.

What outcomes have been achieved to date?

Development and implementation of a robust pathway, where smoking status is established and referral for support and treatment is standard. The latest annual 2020/21 NENC Smoking at Time of Delivery rate has reduced by 2.2 percentage points, from 15.2% in 2019/20 at the start of the programme, down to 13%, compared to the 0.9 percentage point reduction seen for England (10.4% down to 9.5%).

Can your project model be applied elsewhere?

The Tobacco Dependency in Pregnancy pathway can be easily applied in other areas. To date details of the programme have been shared across national platforms including the All-Party Parliamentary Group, and Action on Smoking and Health (ASH), as well as contributing to the development of the ambitions of the NHS Long Term Plan. The pathway has been adopted in several other ICSs and Trusts across the UK.

Feedback and comments we have received from professionals who have used the newly developed risk intervention tools:

- Useful for non-English speaking people
- Makes it more realistic, and more real for the person
- I was able to give facts and figures to back my discussions - gives more insight into the damages of smoking



Organisation: NENC Integrated Care System

Contact: Karen Armstrong karen.armstrong20@nhs.net or Becca Scott becca.scott1@nhs.net



Poverty Proofing Gateshead CYP Diabetes Service



What community does your work support?

Children and young people living with diabetes in Gateshead.

What is the purpose of your work?

To raise the awareness of and identify health inequalities in the Children and Young Persons (CYP) Gateshead diabetes service. This is an NHS England priority and is highlighted in the NHS Long Term Plan. Addressing health inequalities in children and young people living with diabetes is essential to reduce the impact on CYP and their carers' mental and physical wellbeing, educational attainment/ societal contribution and quality of life. This is a pilot project to poverty proof the first health service in NENC region by:

- Training staff about poverty and healthcare to foster empathy and understand the challenges facing patients in poverty.
- Consultation with service users about the experience of living with diabetes and the challenges that relate to poverty with individuals/ families when attending clinics/ focus groups, including a Type 1 Kidz Agenda Days™ (adult free spaces to explore poverty and impact on health/ health care).
- Feedback and collaboratively considering ways to promote equitable health outcomes.

What outcomes have been achieved to date?

Preliminary findings of direct costs: transport to appointments; special dietary requirements; technology - laptops and smartphones, sports equipment; childcare for siblings; parents lost earnings for appointments and hospital stays and the need work part time or not at all. Applying for disability and carers' benefits is reported as daunting and difficult. Treating patients with dignity is essential and the service does an outstanding job of this, with all those consulted reporting outstanding quality of care and holistic support. Barriers to attending clinics included travel time and distance to clinics; using public transport; clinic duration and timing. Promoting positive health behaviours is essential for diabetes management; staff work hard to build confidence, independence, and sense of freedom through health education around diet, lifestyle, and diabetes management technology. Patients report collaboration to solve problems and overcome barriers.

Can your project model be applied elsewhere?

Interest has already been expressed to poverty proofing other diabetes services in the Yorkshire region and we plan to disseminate lessons learnt across the CYP NENC Diabetes Network in one of their regional education sessions and paediatric services via the Child Health and Wellbeing Network, and potentially more widely at national meetings.

"Poverty Proofing© Gateshead Paediatric Diabetes has shown me the enormous hidden costs and challenges that come with having diabetes and accessing healthcare when you are on a low income. Children and families have described the complexity and depth of the ways they are impacted. We are so pleased to be working alongside the clinic to raise awareness and support them to take action to reduce health inequalities for children with diabetes."

Grace Dowswell, Children North East

Organisation: Gateshead Health NHS Foundation Trust
Contact: Dr Judith Reid Judith.reid4@nhs.net



Interactive film - young parents and perinatal mental health



Child Health and Wellbeing Network
North East and North Cumbria

What community does your work support?

This interactive film is a resource that can be used by professionals working with children and young people as well as used by the CYP themselves.

What is the purpose of your work?

The NENC Child Health and Wellbeing Network (CHWN) and William Howard School in Cumbria commissioned an interactive film developed by local film company Trylife. Clinicians and youth workers across mental health, maternity and perinatal mental health have contributed to this work and a programme board have managed its progress throughout the pandemic. Our Trylife episode has been filmed on location in the NENC and focuses on pregnancy in young parents, mental health, and perinatal mental health.

This resource is freely available to both children and young people (from 13yrs and above) and professionals supporting them to 'try life' and see the impact of their choices in these interactive films on a range of hard-hitting topics. In our episode we follow the story of Jessica and Oliver as they move to the final stages of pregnancy. During this episode we are also introduced to a number of other parents to be, and share their experiences with difficult relationships, autism, disability, and drugs, with decision points at key stages in the film. Topics covered in the film are thought provoking and allow for young people to explore questions around risk-taking behaviour during pregnancy, differences in relationships, and mental health and wellbeing, in a teacher-led session or from the comfort of their own device.

Organisations: NENC Child Health and Wellbeing Network with Trylife and William Howard School
Contact: Emilia Soulsby Emilia.soulsby@nhs.net



What outcomes have been achieved to date?

This project was launched in 2019 with engagement from over 700 people which included a mixture of professionals, children and young people from across the NENC. Through a mixture of workshops and surveys, views were gathered on the content of the film and the key issues impacting young parents here in our region. A selected group of young people were the first to view the film in a online pre-launch event which was incredibly well received.

In October 2021 the film was launched in a week of events, held across the ICS in venues including a cinema, university, school and college with over 500 people attending, a mixture of professionals, young people and the cast and crew, involved with the film's creation. In its first 3 months the film was accessed over 20,000 times via social media channels. We also held a well-attended huddle which gave an overview of the film and how to use it in a range of settings, though the eyes of professionals working with CYP in our region.

Can your project model be applied elsewhere?

This model is one that is very unique to the company Trylife and yes, they can apply this model to a number of different topics. Existing Trylife episodes:

- Episode 1 Sophie's Story - Substance Misuse, Sexual Health and Consent
- Episode 2 Aaliyah's Story- Knife Crime and Drug Misuse
- Episode 3 Jacob's Story - Mental Health and Relationships
- Episode 4 Avani's Story - Grooming
- Episode 5 Shane's Story - Isolation and Loneliness & Covid
- Episode 6 Jessica's Story - Young Parents and Perinatal Mental Health

"I really enjoyed the premiere of Jessica's Story - so first of all a huge congratulations and thank you to all involved in its production. It felt well-researched, produced and absolutely surpassed my expectations."
Clare Aspray, Young Advisors, Children North East

Healthy Settings

What community does your work support?

The programme is available to secondary schools and colleges across the five localities of the City of Sunderland. It influences a health promoting environment which impacts on the health and wellbeing of pupils, staff, and parents of children and young people.

What is the purpose of your work?

To develop a whole system framework to support the implementation of a Public Health, Healthy Places initiative that contributes to improving people's health, wellbeing and learning, by building on existing knowledge, skills, and community assets. The Healthy Settings initiative combines healthy policies and healthy environments with complementary education and wellbeing activities and initiatives. It is implemented along with the Young Health Champions peer education programme to improve health, wellbeing, and resilience. This has brought together key stakeholders in the city to work in partnership with schools towards shared and common goals.

What outcomes have been achieved to date?

Key achievements vary across schools as action plans are individualised to the schools. Some examples include:

- 0-19 School Nursing Service delivery of nurture groups for pupils transitioning from primary to secondary.
- Washington Academy working with Youth Offending Service to secure funding to embed restorative justice approaches.
- Young Health Champions supporting delivery of sessions to peers at young people's safeguarding conference.
- Schools working towards and achieving various Charter Marks including Mental Health Charter and more.
- Strengthened pathways and delivery of key public health services within schools including 0-19, and Sexual Health.

Can your project model be applied elsewhere?

The Healthy Settings programme is financially incentivised, and funding is provided to schools and colleges to initially support the work. However the model could be adapted if there is no financial support available.



Organisation: Sunderland City Council
Contact: Ryan Houghton ryan.houghton@sunderland.gov.uk



Linx Youth Project



What community does your work support?

We support young people from all backgrounds aged 10-19, up to 25 with SEN, in the Middlesbrough area.

What is the purpose of your work?

The purpose of our work is to support Middlesbrough young people and their families by offering a range of different activities. Our main focus point is our open access youth clubs for young people aged 10-19 or up to 25 years with Special Educational Needs, which we run Monday-Friday in different areas of Middlesbrough that have been identified as areas of high deprivation. Alongside this, we also work with young people and their families on a 1-1 basis offering light support, information, advice and guidance as well as signposting to other services.

What outcomes have been achieved to date?

We have achieved many different things at Linx, including winning Youth Organisation of the Year 2021 at the BME Awards. Since the start of the year alone, we have run over 50 open access youth club sessions and engaged with 500 young people across the Middlesbrough area. We have also delivered targeted interventions in small group settings and school provisions.

Can your project model be applied elsewhere?

The model of youth club delivery could be easily applied in different areas. The key steps would be having a thorough and robust process for other youth workers to follow and replicate.

"Your impact is massive; you can't underestimate it. I'm not on my own anymore. I can liaise with you to target activities in hot spots. The reduction in anti-social behaviour is an unbelievable result."

Mark Ballinger, Cleveland Police

"No-one in my family will believe that I have applied for a job, let alone getting an interview. I want to keep it secret so that I can surprise them when I get the job, as my family always say it's hard to get a decent employment. I will be the breadwinner of my family; who can believe it?" Teegan, Linx Youth Club attendee



Organisation: Linx Youth Project

Contact: Sara Mirsalehi sara@linxyouthproject.co.uk

Scoping and exploring Epilepsy 12 National Audit data and current epilepsy services for children and young people across NENC



What community does your work support?

Our project aims to support children and young people (CYP) aged under 18 with epilepsy. The population of CYP in the North East and North Cumbria ICS area is c600,000. The incidence of epilepsy in this population is 40/100,000 and the prevalence is approximately 5000.

What is the purpose of your work?

The vision is for the improvement of care for children with epilepsy especially in the areas of inequality, transition, and to reduce incidence of epilepsy related death. In addition, we also aim to improve patient experience and clinical outcomes along with performance indicators of the services in relation to epilepsy care as well as the wider recognition of epilepsy across the system.

The aims of the project were multi-faceted, aligning with the priorities of the Child Health and Wellbeing Network, the NHS Long Term Plan (CYP Transformation Programme), NICE Guidelines and Standards as well as the performance indicators prescribed by the Epilepsy 12 Audit.

The purpose of the work was to collate information about the epilepsy care across the region and identify any gaps in the provision of services and to identify the key areas of regional variation and Health Inequalities for improvement. The following information has been collated:

- pathways across primary, secondary and tertiary epilepsy services
- provision of support in education settings for CYP with epilepsy
- stakeholder engagement/feedback (including CYP, parents and carer, primary care and education advisor(s))
- good practices in services across ICS region.

Organisation: NENC Child Health and Wellbeing Network

Contact: Louise Dauncey louise.dauncey1@nhs.net

What outcomes have been achieved to date?

Tangible outcomes have not yet been able to be identified from the completion of this scoping exercise. The anticipated longer term benefits of identifying how resources should be targeted are the improved:

- experience for CYP with epilepsy and their families experience
- education health and social care outcomes of CYP
- navigation through care pathways for CYP and families
- consistency within the care system
- communication and working between primary, secondary and tertiary services.

Following this piece of work we have identified a number of key areas for improvement that will be recommended to the regional epilepsy network for implementation across the ICS including:

- Streamlined care pathways across services
- Uniform access and availability of epilepsy specialist nurse support
- Well defined transition processes
- Easy access and contactability of the service to improve patient experience.

Can your project model be applied elsewhere?

This is not really about a model for replication. The recommendations will identify the actions for improvement which will need to be implemented in accordance with the current local variation. The findings and lessons learned will be able to be shared with wider regional and national epilepsy networks.

All ESN's interviewed as part of this project (N=14) felt that a regular regional meeting of ESN's on a scheduled basis would benefit their service to enable sharing of good practice, strengthening relationships, peer support and ultimately improving care for the children and their families.

Improving populational health through culturally centred breastfeeding support

What community does your work support?

The Breastfeeding Support project targets all pregnant women in South Tyneside where breastfeeding initiation and maintenance rates are consistently lower in comparison to other localities in the North East and North Cumbria. It specifically targets pregnant people in the community where breastfeeding is not the cultural norm.

What is the purpose of your work?

The model provides antenatal education in relation to infant feeding, enables informed choice and provides additional support for successful breastfeeding. The “Breastfeeding Influences – my personal journey” tool was developed to be introduced at 21–24 weeks of pregnancy. This tool supports antenatal feeding conversations focusing upon life experience, social exposure, and cultural beliefs. The overall outcome being to improve long term general health of the population and give children the best start in life.

What outcomes have been achieved to date?

Two dedicated Maternity Support Workers have been fully trained to provide bespoke breastfeeding support in the antenatal and postnatal period. This has enabled a family centred approach which includes partners and the wider family whilst challenging peer and community beliefs and attitudes. Data collection is currently underway to fully evaluate the project which includes a research evaluation in conjunction with the University of Sunderland.

Can your project model be applied elsewhere?

The project has the potential to be implemented across all Maternity services in the North East and North Cumbria where Maternity Support Workers are providing antenatal and postnatal care as this would complement and support the embedding of the Touchpoint pathway. There is also future potential for the tool to be utilised by other health professionals and public health practitioners working with antenatal women.



Organisation: North East and North Cumbria Integrated Care System (NENC ICS)
 Contact: Roslyn Nunn rnnun@nhs.net



Zone Boro: A replication of the Zone West social prescribing service



What community does your work support?

We present the initial stages of a replication of the Zone West model in Middlesbrough, Zone Boro; facilitated by the North East and North Cumbria Child Health and Wellbeing Network. The project aims to:

1. Identify priorities for children's health, education, and services in Middlesbrough from the perspectives of key community stakeholders, and compare with priorities in Newcastle
2. Determine how the findings inform evolving operating frameworks between Place, Integrated Care Providers, and Integrated Care Systems, and ensure leverage at the right point in the replicate vs localise balance.

What is the purpose of your work?

Social prescribing for children has demonstrated significant positive psychosocial and developmental outcomes in Newcastle (Zone West), implemented in response to the self-reinforcing effects of poverty, inequality in health and education for children within the community. Middlesbrough has some of the highest levels of deprivation, unemployment, and child poverty. One could assume replicating a successful model for social prescribing in another NE area could address these. However, comparison of public health data between Newcastle and Middlesbrough demonstrates differences in place-based populations in terms of wider determinants of health and subsequent health and educational outcomes.

The project aims to meet three objectives:

1. Shape and inform implementation of Zone Boro
2. Identify locality-specific variations required for successful replication of Zone West
3. Inform broader conversations around information required to provide personalised, collaborative, place-based services as we move towards statutory ICS bodies and funding streams.

What outcomes have been achieved to date?

A listening exercise in the form of a quantitative and qualitative survey was performed with key stakeholders; parents, professionals, and children in deprived communities in Middlesbrough between January and March 2022. The same data was collected in Newcastle. Analysis compared priorities between areas, in the context of local public health data, and collation of soft indicators of replication requirements from within the Middlesbrough community. Priorities for Newcastle highlighted several themes.

Respondents felt the communities' greatest strengths were community partnerships. Key concerns were healthy living, poverty, and lack of access to facilities. Qualitative feedback centred around desire for parent education and after school activities. Middlesbrough outcomes will be collated in March 2022 and inform both research questions.

Can your project model be applied elsewhere?

Public health data indicates differences in place-based populations in terms of the wider determinants of health. Identified priorities in 2 North East regions support evolving operating frameworks between Place, ICP and ICS, ensuring balance between replication vs localisation that supports implementation and sustainability of service.

"As a Link Worker I will be able to truly place the child at the centre of their development, co-working with them to improve both physical and mental health and breaking down the barriers to a healthier, happier future." Christine Whitehouse, Zone Boro Link Worker



Healthy Start Vitamins

Growing Healthy Sunderland



What community does your work support?

Pregnant women, new mothers and young children until the age of 4 who are: entitled to Healthy Start, not eligible for free access, or in the process of becoming UK citizens.

What is the purpose of your work?

The purpose was to increase access to Healthy Start vitamins, as the number of Healthy Start vouchers exchanged for the vitamins remained very low in Sunderland. An investigation of alternative methods of distribution to increase take up and target the most vulnerable families was carried out with the Family Nurse Partnership (FNP) recognised as being ideally placed to distribute the vitamins as they support young mams, including some of the most vulnerable families. They also visit the families regularly and for an extended period of time.

What outcomes have been achieved to date?

The purpose of the pilot was to trial an alternative method of the distribution of Healthy Start Vitamins in order to increase the take up of the vitamins in Sunderland, through the direct provision of the vitamins by a healthcare professional, familiar with the family in a scheduled visit. Due to the extended and regular support provided by the FNP, they were able to exchange the vouchers for the full period of support they provide, from around 16 weeks of pregnancy up to when the child is 2 years old. This increased uptake of vitamins to a vulnerable group of women and their children.

Can your project model be applied elsewhere?

The model has been applied to generic health visiting as a further pilot to increase uptake of healthy vitamins.

“The distribution of Healthy Start Vitamins is now embedded, and with agreement from commissioners to distribute all first vitamins without a voucher, it is ensuring early uptake from pregnancy. There have not been any issues with reimbursement of cost.”



Organisation: Sunderland City Council

Contact: Angela Ward angela.ward7@nhs.net or Karen Lightfoot-Gencli karen.lightfoot-gencli@sunderland.gov.uk



A Health Inequalities Framework for Children and Young People in the North East and North Cumbria



What community does your work support?

The framework seeks to best support children and young people who suffer disproportionately due to socioeconomic and structural inequalities. This includes children and young people living in the 20% most deprived areas, those in inclusion health groups, and those with protected characteristics, low household incomes or geographical disadvantage.

What is the purpose of your work?

NHS England and NHS Improvement have formed an approach, Core20PLUS5, where a population cohort is targeted and then 5 clinical areas are focussed on. The "Core20" population is defined as those living in the most deprived 20% according to the Index of Multiple Deprivation (IMD) and the "PLUS" are those from inclusion health groups. The "5" focus areas identified are maternity, severe mental illness, chronic respiratory disease, early cancer diagnosis, and hypertension. The Child Health and Wellbeing Network (CHWN) felt that children and young people's health had been overlooked within this national framework and that a framework more reflective of both the North East and North Cumbria (NENC) and Children and Young People was required.

What outcomes have been achieved to date?

Inspired partly by the CHWN Facts of Life publication and the CHWN system priorities, which were identified after consultation with children and young people, five priorities for the North East and North Cumbria Child Health and Wellbeing Network have been suggested: Self Harm, Asthma, Healthy Pregnancy, Food insecurity, Family life.

A resource identifying neighbourhoods with the most deprived IDACI scores and highlighting demographic details of these areas is under development. This means the Core20PLUS are readily identifiable when implementing the model. A guide to applying the framework is under development. A guide to co-production with children and young people from underserved communities has been suggested.

Can your project model be applied elsewhere?

After the identification of the five priorities, the health inequalities framework can be applied to these issues and then cascaded throughout the region's existing structures. The model is designed for various groups in various settings within the region. This includes smaller (neighbourhood level) and larger (regional or local authority level) geographical areas as well as groups not traditionally healthcare or child health focussed. Points to consider when disseminating the model include:

- The priorities may be addressed in certain areas preferentially given regional variation.
- The framework requires publicity.
- Avoiding duplication of existing groups with a population health focus.
- Collaboration and integration.
- Co-production with children and young people, especially from traditionally under-served communities can be unfamiliar and require support.

Although written guidance will exist, groups may need personal advice from the CHWN when applying the model in differing circumstances. The model could be applied to issues beyond the priority areas and the priorities



Organisation: North East and North Cumbria Child Health and Wellbeing Network

Contact: Dr William Tasker William.tasker1@nhs.net

Speech and Language Support



What community does your work support?

Early Years.

What is the purpose of your work?

There was increasing concern already about the numbers of children starting school with poor speech, language and communication skills, before the pandemic, which impacted on Speech and Language Therapy (SALT) delivery. The national prioritising guidance, 'COVID-19 Prioritisation within Community Health Services', advised that community SALT services prioritise which case load work was considered urgent or essential and should continue, and which work would have to be paused. It was recognised there was potential for a wave of pent-up demand post-Covid, and a widening of SALT inequalities for children. Funding was agreed to train key Early Years staff in Launchpad for Literacy.

What outcomes have been achieved to date?

This approach for Speech Language Communication needs is to support COVID recovery and the school readiness agenda. It is beneficial in terms of improving outcomes by supporting day care settings and Early Help Family Centres in working with children through a training and delivery model. Launchpad for Literacy gives practitioners and leaders within school and PVI settings the ability to identify developmental gaps with speech, language, communication, and early literacy skills as soon as possible.

Can your project model be applied elsewhere?

Although settings focused initially on their own practice, the intention is that their increased understanding of development and an individual child's next steps would weave its way into practitioners' work with parents, making advice more specific and bespoke to an individual child's needs. There is, therefore, no reason why Launchpad could not be used by others who work directly with parents such as Health Visitors and Family Support.

"This is part of a wider piece of coordinated work to support speech & language with Launchpad for Literacy, which is intended for use in nursery and foundation years as well as the Early language Identification Measure (ELIM), and intervention, led through health visiting, plus the development of the SALT pathway for Sunderland, which will incorporate both elements and guide referrals." Sue Fraser, Service Manager, Growing Healthy Sunderland 0-19yrs service



Organisation: Sunderland City Council

Contact: Kaye Swinney kaye.swinney@sunderland.gov.uk or Karen Lightfoot-Gencli karen.lightfoot-gencli@sunderland.gov.uk

Hullabaloo Baby Play Pack Programme



What community does your work support?

The programme was delivered in Middlesbrough and Redcar and Cleveland. It is targeted at families with children under one who had a child during the COVID-19 pandemic when government lockdown restrictions were in place.

What is the purpose of your work?

Creative play is often overlooked as a public health intervention to child development. We worked with the Theatre Hullabaloo (Darlington) to offer creative play to parents to support bonding and attachment during the COVID-19 pandemic. Through developing the play packs and gifting them to families at home, we wanted to make sure that families continued to bond with their child through play whilst opportunities were limited. The packs reinforced the message about the importance of play and the opportunities for parents to bond and interact with their child. We hoped if continued that it would support parents to bond with their child and increase interaction during a time when opportunities were limited.

"I'll just say I think it's brilliant. There's all different ranges of like textures and sounds and colours. And I think honestly, I think it's brilliant!"

Lauren, parent of a 4 month old

What outcomes have been achieved to date?

A total of 661 families received the intervention. The majority of families (86%) reported that they played with the pack 'often' or 'all the time'. Over 80% of participants reported that the pack helped them engage with their baby. Participation in the Baby Play Pack Programme increased family hub registrations – 67% of families that received a pack registered with family hubs. Health professionals involved in the programme reported the Baby Play Packs positively impacted relationships between health, education and culture sectors, and families and services. There are some early indications that the Hullabaloo Baby Play Pack Programme supports or affirms parental confidence in play and decreases anxiety around interaction.

Can your project model be applied elsewhere?

Yes, however the cohort were chosen due to their lack of exposure to play. 1. Decide on the cohort targeted. 2. Develop the intervention/pack. 3. Agree how the pack can be delivered. 4. Evaluate impact with parents.



Organisation: Public Health South Tees

Contact: Graeme Nicholson Graeme_nicholson@middlesbrough.gov.uk



'Call for Projects' Covid-19 Response, Health & Wellbeing Support - maintaining a healthy weight



What community does your work support?

Call for Projects was a COVID-19 recovery response, focusing on health inequalities and maintaining a healthy weight. Outputs targets were set from Sunderland's City Plan - dynamic, healthy, vibrant. One project with a successful bid is described in this abstract. Active Families CIC was established to tackle the current high levels of inactivity across the region in addition to reducing the number of health related issues caused as a result of leading a sedentary lifestyle.

What is the purpose of your work?

Active Families NE are committed to inspiring, enthusing and invigorating local people and communities to become more active, to improve their physical and mental wellbeing, to eradicate social isolation and improve community cohesion. The project described in this abstract has two elements:

Element 1: Family Clubbercise - a fitness class run in the dark with disco lights and glow sticks to a mix of party anthems from the 90's to the latest hits. This class helps engage young people who may have body confidence issues, with classes being held in a darkened room. This is a great way for families to get fitter together, build confidence, relieve stress and make new friends.

Element 2: Boxing fit class using pads and gloves aimed specifically for mothers/ carers with older children. The classes are delivered by a female instructor in a friendly relaxed group environment. The classes are a great way to get local women & their children feeling fitter, help with stress relief and body confidence. Classes increase strength and cardio fitness. Our instructors cater for all fitness levels with easier and harder options provided to each individual enable every participant to work at their own level.

What outcomes have been achieved to date?

Active Families NE have produced a video which includes some of the positive outcomes families have reported. Case studies are in production.

Can your project model be applied elsewhere?

Yes. Qualified leaders, suitable community venue, strong advertising/targeting of the classes.

"Nothing stops us from getting to classes, we are always there."

Christine and Amy (17), Family Boxercise attendees

They have set personal goals which they feel they are well on the way to achieving and they rate their enjoyment of the class at a ten out of ten. Shelley and Rosie (13), Clubbercise Adult and Teen attendees



Organisation: Sunderland City Council

Contact: Joanne Pollock joanne.pollock@sunderland.gov.uk or Karen Lightfoot-Gencli karen.lightfoot-gencli@sunderland.gov.uk

Implementing THRIVE and Mental Health First Aid

What community does your work support?

Children and young people who are experiencing low mood and poor mental health outcomes who would benefit from advice and support for mental health.

What is the purpose of your work?

Implementing the THRIVE framework across Council-led services supports children, young people and families with their mental health and improves mental health outcomes. This was achieved by offering the right level of advice and support at the earliest available opportunity. Key to the entire project was Youth Mental Health First Aid training. 1000 places of the full accredited Youth Mental Health First Aid course, delivered by Mental Health First Aid England (virtually) accredited trainers was central to the project outcomes. Underpinning the training has been the implementation of the THRIVE framework as a way of sharing signposting or referral routes. Staff documents are organised using THRIVE framework and use the

What outcomes have been achieved to date?

Following each training session feedback is collected from staff showing that their confidence to know what to do before and after has risen from 3.67 to 8.11 (out of 10) and their knowledge of the issues has risen from 4.18 before to 9.11 after (out of 10). At the time of writing, no formal project feedback has taken place yet. However, there is an ongoing support network in place including 6 information sessions from both Durham's local Investing In Children network and Rollercoaster, the parent peer support service, which will form part of a formal project evaluation.

Can your project model be applied elsewhere?

Elements of the project could be very freely applied to other areas regionally. The implementation of the THRIVE framework was not a difficult task to achieve. Using THRIVE is a way of putting an emphasis on early interventions and prompting staff to think about what advice or support might be needed much sooner. There is a funding implication attached to the training.

"Since participating in the Youth Mental Health First Aid training I feel more confident to support young people in relation to wellbeing, feel more knowledgeable to support young people in relation to their wellbeing and have a greater understanding of resources." North East Autism Society



Organisation: Durham County Council
Contact: Lucy Wilkins lucy.wilkins@durham.gov.uk



Black women's experiences of maternity care in countries that have a dominant European diasporic population

What community does your work support?

Black women in the UK from all backgrounds.

What is the purpose of your work?

The aim of this systematic review is to systematically identify and appraise existing studies regarding Black women's experiences and engagement with maternity care in countries with a white dominant population. The objectives of this study are to firstly, synthesise the intersectional barriers and facilitators within the maternity care experiences of Black women. As well as secondly, to identify Black women's experiences of culturally competent care in countries where they face ethno-cultural barriers.

What outcomes have been achieved to date?

20,296 records were initially identified through searches from 6 databases. From this number 12,663 title and abstracts were screened and 11,951 were excluded while the rest were included for full text screening. All full texts are to be screened by the project lead and double screened by 6 reviewers.

Can your project model be applied elsewhere?

To be confirmed as the project progresses.



Roll out, implement and embed the National Asthma Bundle across education, social care, healthcare and community systems



What community does your work support?

Our project aims to support children and young people (CYP) aged under 18 with asthma. The population of CYP in the North East and North Cumbria ICS area is c600,000. The UK has among the highest mortality rates in Europe for children and young people with the underlying cause of asthma. Asthma is the most common condition in children and young people affecting around 1 in 10 CYP in the UK. The incidence of asthma is higher in children than in adults. The majority of NENC CCGs have significantly higher rates of admissions for asthma for young people aged 10 to 18 than the England average.

What is the purpose of your work?

The aim is to roll out, locally develop and embed the National Bundle of Care across the whole Education, Health, Social Care and Universal and Community Service systems to:

- Reduce avoidable harm from Asthma (control and reduce the risk of asthma attacks)
- Improve quality of life
- Have a whole system approach (environment, education, personalised care, preventative medicine and improved accuracy of diagnosis)

The objectives of the programme of work is to:

- Work collaboratively to map and understand the wider pathways and interdependencies of services and settings that will need to be engaged across the system and how best to engage them at the earliest possible opportunity

- Co-develop programme of work and work across the system to be able to achieve delivery of the framework
- Collaboratively develop (influencing commissioning decisions) and implement effective services by means of a range of interventions that are flexible and respond to the identified needs in the localities
- Develop systems of accountability
- Develop effective and meaningful data flows between organisations and agencies to enable improved risk stratification and management of this
- Develop and implement systems to record and monitor the impact of the interventions
- Deliver an effective engagement and programme of communication to inform parents, carers and CYP and the local populations about the work that is ongoing.

What outcomes have been achieved to date?

Tangible outcomes have not yet been able to be identified from the completion of this scoping exercise. Work remains underway in relation to the development and finalisation of the Findings and Recommendations Paper which will make recommendations in relation to: Organisation of care and governance; environmental impacts; early and accurate diagnosis; preventative medication; managing exacerbations; severe asthma; data and digital; capabilities, competencies and training.

Can your project model be applied elsewhere?

This is not really about a model for replication. The recommendations will identify the actions for improvement which will need to be implemented in accordance with the current local variation. The findings and lessons learned will be able to be shared with wider groups and networks and potentially extend the schools accreditation framework to be relevant for other long term conditions.

"I felt anxious when first diagnosed due to lack of information"

Organisation: NENC Child Health and Wellbeing Network

Contact: Louise Dauncey louise.dauncey1@nhs.net

A Team Around the School



Child Health and
Wellbeing Network
North East and North Cumbria

What community does your work support?

The extended Longbenton community of two primary schools - St. Stephen's, Longbenton and St. Bartholomew's CE School.

What is the purpose of your work?

Throughout the next year, starting in April 2022, we will be conducting a feasibility pilot case study, which seeks to introduce an Integrated Care Hub (ICH) approach to promote health and wellbeing outcomes in the children and young people in the St. Stephen's community. The project aims to use interprofessional collaboration between the education, health and voluntary sectors as a mechanism for the delivery of healthcare support, so that the tools for health and wellbeing transformation are brought directly to the community. We want the model to be co-produced with our school community so that we can get the most out of the project to benefit the people whom it serves.

What outcomes have been achieved to date?

Phase 1 - The Planning Stage:

- The physical space of the school and the importance of cycling as per NICE (2022) Guidelines for Schools approach
- Mental Health and Emotional Wellbeing
- North Tyneside Healthy Weight Alliance
- Oral health and hygiene
- Nutritional health and pattern changing behaviour
- Address the impact of food deserts through a Fakeaway Friday scheme and the installation of a market garden

- Support from local voluntary groups
- 'Canny Planners': The local environment and implications of planning in 'hot food takeaways'

Can your project model be applied elsewhere?

This project is part of a pilot feasibility study, which will utilise learning shared with the Child Health and Wellbeing Network. The Cornwall Model was shared in May 2020, and we will be transferring this learning to a primary school, in the heart of Longbenton, which has 36% of pupils in receipt of pupil premium and high levels of obesity, nearly 10% above the local authority average in accordance with National Child Measuring Programme Data. Once the evaluation has completed, we would hope that this could be rolled out as a model or approach within primary schools/special schools in the North East and North Cumbria Integrated Care System.

"St. Stephen's are delighted to work alongside the NENC Child Health and Wellbeing Network to pilot an integrated care hub - which we believe is the first of its kind in a primary school setting. We hope that this model of good practice will improve outcomes for our children and their families." Stephen Fallon, Headteacher, and Kate Swaddle, Deputy Headteacher

Organisation: St. Stephen's RC Primary School

Contact: Kate Swaddle birtleystjosephscatholicjuniorschool@gateshead.gov.uk





**Child Health and
Wellbeing Network**
North East and North Cumbria

Watch the recording of the summit on YouTube:

<https://youtu.be/iqFjTSiDyJ8>

Become a member of the Child Health and Wellbeing Network and receive future communications about our work:

<https://docs.google.com/forms/d/e/1FAIpQLScvtwLc6t4NaF2e-5F8MZymNIh-3v-pdNUKT8A6155MGWWJJw/viewform>

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