North East and North Cumbria

Child Health and Wellbeing Network

Survey Findings –

Professionals' Survey: Appendices

April 2019

Contents

Foreword

We are proud to be part of a small, but growing piece of work in the North East and Cumbria that plans to make a real difference to children's services. Our evolving hypothesis from our logic model is detailed below:

We believe all children in the North East and North Cumbria (NENC) should be given the opportunity to flourish and truly reach their potential and be advantaged not disadvantaged by geography and organisational structures.

It gives us great pleasure to see the responses to our child health and wellbeing survey given deserved attention with full analysis and a suite of helpful documents to share with all sectors in our system:

- An executive summary for the high-level cascade of key findings;
- A summary of the good practice examples shared within the survey;
- A detailed report, developing themes identified through the analysis; and
- The appendices to reference the helpful feedback and suggestions – these will be used throughout our evolving work when task to finish groups commence vital work based around our agreed priorities.

We were overwhelmed that 557 professionals that support children young people and families took the time to share their perspectives from across the different sectors – its priceless and gives extra weight to the importance of this process to support the development of our priorities. Since this data was first analysed in February 2019 the core priority areas have been reviewed alongside the emerging national priorities and national framework examples. A priorities wheel has been developed to share with children, young people and their families for their feedback to influence the next iteration of what our priority focus should be. The children, young people and families' version of the questionnaire has also been shared across the system to cross reference their feedback alongside the professionals.

From our cross reference to date we are pleased to see that mental health and children with additional needs are a consistent priority and line with national and other regional examples, whereas the priority focus on poverty, obesity (now titled physical activity and nutrition) and preconception to parenthood are a specific focus highlighted within our region which ensures we can develop a network based on our specific priorities. In addition to the defining priorities work the rich data in the survey will continue to be referenced as the workstreams develop and the work matures. The data is helpfully categorised by some sector and geographies, making it useful for local improvement work and analysis also.

We hope that whatever sector or background you are from that you find benefit from the sharing of these reports and you are pleased to see that your contributions are actively influencing our work to give children, young people and families better outcomes within the North East and North Cumbria.

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Clinical Lead for Child Health and Wellbeing – Integrated Care System

Introduction

The appendices in this document support the findings from an online Survey commissioned by the North East and North Cumbria Child Health and Wellbeing Network as part of its programme of work to improve child health care, services, and outcomes. The full report presents a summary of the key findings and will provide a point of reference for the Child Health and Wellbeing Steering group, stakeholders and wider community of healthcare professionals, with regard to developing their future programme of work, support and development. These Appendices form part of the resources underpinning the results of the survey.

The questionnaire was completed by 557 practitioners and stakeholders.

The questionnaire was circulated through known contacts and networks across the North East and North Cumbria. Inevitably this creates an element of bias in who responds, and as a result the survey is not statistically representative of the range of agencies, services, professionals, users and carers and other key stakeholders working in, influencing or receiving interventions from the child health and wellbeing sector across the North East and North Cumbria. Whilst this needs to be considered when extrapolating the results to the wider constituency, the results give a strong indication of the issues important to a range of professionals working with Children Young People and Families and their ideas as to how to move forward.

Appendix 1: Reasons for choosing the top three barriers to cross system working

A. No clear method (to work together as a system) 97 responses
All conversations tend to be finance related, with all organisations trying to protect their own budgets. This situation caused increased tensions between personnel across partners that limit collaborative and co-productive working practices.
Although children and young people's mental health needs are being targeted and highlighted, there is then no CAMHS to refer onto the identified children and young people at risk of self-harm or harm to others.
At present there are a number of organizational and infrastructure barriers preventing effective cross-service involvement for children.
At times it's organised mess with no clear system of working together. "Meetings" established and systems agreed but they lack communication of how they work, and lack honesty.
Being a HV working for the council and trying to work with midwives, dieticians, GPs etc. who are employed by the council and working on different electronic systems is difficult
Better sharing of information of young people with issues when they transfer.
Busy doing the day job; no time to 'fight' with other orgs to get the service you feel a child really needs
Care is often service rather than needs of families. This consultation should be involving families directly and asking them what would help rather than professionals decided what is best for them in a well-meaning but paternalistic way
Complex structures get in the way of working together; working together needs to start with central government - different govt departments are responsible for different areas of the system creating stronger incentives to work to vertical accountability than to work across. Data sharing is also critical to doing this in practice.
Cross system working can only be achieved if health, social care and third sector organizations work more closely together and barriers to that, financial and organizational are removed.
Cross system working takes more people and more time.

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Current commissioning arrangements causes duplication of services as different providers compete to tackle actual but sometimes perceived priorities. There is a lack of coordination of services.
Currently there is a voluntary arrangement around working together without clear ways in which this can happen and shared finances, it is difficult to operationalize much of the good work which is suggested. Capacity in hospitals refers to an inability to look system wide at resources and plan to deliver on that basis rather than a local basis.
Day to day experience in work
Differences in organisational values & cultures, hierarchical structures, Confusing Policy announcements, Confusion over leads, austerity/cuts in public health grant.
Difficult question, I am a manager delivering Healthy Child Programme in a Local Authority feel that a lot of the barriers have therefore reduced and we have made significant steps in integrating with our colleagues in the LA to provide a seamless service to CYP, however there is lack of understanding with regards to each other's roles and responsibilities and the uniqueness of a preventative universal public health programme that needs to be maintained. Sharing and the legalities of Health data can be challenging.
Difficult to navigate complex systems. More difficult due to time to link and liaise as result of workforce shortages.
Educational settings are facing constant challenges to perform (academically) and are broadly measured on their academic success. This shifts a focus from a health promoting environment to a performance driven one (however we believe both can be achieved and complement one another).
Experience and evidence through working with Director of Children's Services and schools in CYP project, fear about sharing data, processes not linking e.g. dynamic support registers, Care and Treatment Reviews, Education, Health and Care Plans not linked.
Experience of difficulties of developing working across organisations. Often relies on personalities. Finances place pressure on teams so that they are less able/have less time to work together. Lack of Data sharing makes communication difficult.
From the experiences within the role I am in and the meetings I have sat in on.

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I feel that general practice, community paediatrICP, and the hospital don't engage with each other enough.
I feel there is a motivation to work together to improve outcomes however there is no clear direction about how this is implemented and support in practice. This means organisation are working within their own funding restraints and priorities mean that barriers are in pace to work successfully together more effectively. The barrier to data sharing has an on-going effect on successful joint working.
I have chosen these from a personal (organisational) perspective - these are barriers that my organisation has experienced.
I think the structural issues in delivering what is best for children and the population as a whole are impeded by institutional structures and financial flows.
If we could see the Private sector, including philanthropists, working alongside the public sectors a great deal could be improved.
In my experience lot of valuable resources are wasted in repeat activities, form filling and satisfying individual organisational requirements.
Increasing cuts in services and resulting challenges from every department trying to work smart.
Individual organisational priorities would be equal with the above. All the barriers are relevant.
IT and having separate systems that don't 'talk' to each other is a massive barrier and hindrance to effectively safeguarding families.
It is challenging to work across organisations when there are clear, separate organisational plans in place that, whilst heading to the same outcome, attempt to reach this via different methods.
It is difficult for a third sector agency to work strategically with public sector bodies when internally communications are not effective within the public sector. We end up with lots duplication of services and lack of knowledge about others.
It is not straightforward to coordinate care between services, information is not easily shared and we do not know who to contact in each organisation, health, education, social etc.

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It is what my families tell me.
It often depends which person you speak to in a different organisation as to whether you get a good response.
It often takes a long time to find contact details of different services involved with the family or who we need to refer to.
Lack of common clinical IT between providers is a huge barrier, without clear ways of working around it or protocol. One gets exhausted with the bureaucratic processes of trying to make it work!
Lack of communication.
Lack of communication and shared outcomes across services.
Lots of professionals with the will to work together on the ground but not directed higher up. Staff always busy with their 'day job' to commit to larger scale projects
Many services (including children's community health services, where I work) are already much stretched delivering their current service, which impacts of ability to begin new pieces of intersectional work.
Needs to be a willingness to look at different systems and ways of working.
No clear structure/guidance in place.
No clear system of responsibilities and expectations, often services all saying it's not their responsibility, bureaucracy preventing seamless working to get the right outcome for the child / family and capacity impacting on what is offered / available and forcing decision making.
Non health staff do not appear to understand the role of the health visitor. Sometimes the wealth of the nation is taken into account rather that the health. It is a chicken and egg situation. If finance for children under three was increased then it would prevent many problems for health and mental wellbeing as these children get older, also prevent crime and drug and alcohol issues in adult life.

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Often it is difficult to know how to access local resources and in mental health services, resources are limited.
Often very unclear who to refer on to in the community, different services operating under different rules/specifications,
Organisational demarcation, reluctance to give up organisational arrangements in order to achieve a common approach, reinforced by organisational financial accounting arrangements feed into our inability to agree how to blur organisational boundaries. Some small progress in pockets of the country to achieve this suggest it is possible, but is too reliant on individual champions. Currently there is a lack of system leadership and drive across all sectors to make this work.
Organisations are often keen to work together and support each other but sometimes they are simply not sure how they can do this. Creating systems change requires clear leadership and time devoted to thinking through how new working relationships can be created - and this time is often not readily available in busy, over worked schedules. In a world of diminishing resources and competitive tendering processes, trust and relationship, which needs to be at the heart of good cross system working is sometimes difficult. The prevention agenda - although widely recognised as vitally important - is poorly funded, and although it would ultimately save money and reduce the pressure on more acute services, there seems to be a reluctance to redirect money towards a new way of working.
Organisational boundaries make it extremely difficult to co-ordinate care and leads to miscommunication, replication of tasks and patients receiving care in settings they don't always have to. There should be a better was of "stepping up and down" care within the health care system. In order to do this one required adequate staffing at all tiers and the ability to communicate across organisation.
People work in isolation and rarely share information to ensure the best is for the child.
Personal experience.
Personal experience of trying to get the right support for my own child.
Professionals do not understand how each other operates and what is achievable. Everyone is so busy with so little funding that adopt silo mentality.
Resources are shrinking and moving to acute sector. The effects of austerity and poverty on the social and emotional and physical health on children and their families is increasingly impacting on poor outcomes. Support in prevention such as emotional and mental health and access to CAHMS is limited and

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demand increasing. Obesity and substance misuse is increasing in our area and again demand for service is higher than provision. Families are living in poverty and children going without food or fast food. The impact on social care Health Visiting and School Nursing is high and support service low and often delay in interventions are to do with who pays that budget and families are being passed between services facing significant funding cuts. It makes sense to rationalise resources available to whole families across the service sector so that organisations are not protecting their own budgets at the expense of clients
Shared understanding of the way forward, based on robust data is needed before successful integration can occur. Adequate numbers and skill mix of work force are then needed to deliver the well-designed integration plan.
Significant experience of system failure. At individual level there is support for integrated whole system approach but finance and individual organisation needs and pressures present barriers.
Staff have the children's interests at heart but are frustrated in their efforts by systems.
Suspect that many clinicians would want to work together if there was the means to do so.
Systems are complicated, different parts of the system are not set up to work together efficiently; organisations can still be inward looking. Wider national policy and drivers do not assist either.
The above provide hurdles to overcome to share information and provide care, especially different IT systems within and between organisations.
The absence of a method leaves too much ambiguity across the system. The lack of shared finances reinforces this as no one organisation is prepared to move first for fear of "losing out". The fact that we're all tied up with local and national politICP lands us in a pool of bureaucracy which then stifles any progress in regards to point one and point two.
The barriers to not working together are to do with attitude and lack of a clear process. Not due to being "too busy".
The chosen barriers reflect the current issues faced.

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The current system is not geared up to provide community health care for children and care closer to home. Primary care lacks expertise in managing children and young people.
The issue is systemic rather than resource based.
There are a number of agencies supporting young people but they aren't always aware of each other. There is Early Help but this isn't always applied or instigated due to a lack of information sharing. We are also in a rural and isolated community with limited resources and services for our young people.
There are no clear pathways to working with social services for children with complex health needs.
There are still historical barriers between the authority work force and the growing voluntary sector that have proven that working with the identified target group has better long term outcomes. Nearly every report and research document I have read over the last 10 years has supported this statement but we are still finding barriers moving forward. It is as if there is a fear to working with the voluntary sector. This leads to long drawn out Bureaucratic barriers and processes. Limited resources are put into the wellbeing agenda on a community level to deal with the issues. In many cases new services are established in house which are aligned to the local authority delivery plans but in essence they just become an arm of the old regime.
There are very few models in which to deliver even small attempts at joined-up roles. It takes monumental effort. We need an easy way to translate the ideas into reality, even on a pilot basis.
There is a definite lack of information sharing.
There is a general lack of knowledge of what can be provided by the community/voluntary sector and an apparent unwillingness to change current funding structures.
There is a willingness to work together but organizational boundaries and needs get in the way of doing this as effectively as possible.
There is no systematic way we agree priorities and act on them. We then do not share data or scope what could be done better if we joined resources.
There needs to be greater incentivisation to collaborate and ensure there is pooled resource to increase the impact of collaboration.

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There should be joint goal setting for children across health social care and education. There is opportunity to rationalise who does what and use our resources more effectively. I think there are some specialist services where we do not have a big enough workforce but also opportunities for specialists to support staff providing universal care if they were better informed. Separate budgets cause organisations to plan in silos and compete for resources.
These are all connected. There is a clear need to work together, but each organisation has their own priority which distracts them to build the system of working together. Finally, although there might be capacity within the community this is dispersed and people are unaware.
These are the issues.
These are the most pressing current pressures in local services.
These are the problems I meet in my practice.
They are apparent in my everyday working life.
This is about new ways of working, new workforce requirements and the community being able to be self-sufficient where possible - as budgets continue to shrink.
This is what I have noted in my area of work.
This is what I have seen.
Too many barriers to sharing data between health and other services. Voluntary sector hot successful enough in acquiring funds.
Trying to implement anything to help with long term health management outside of acute settings is now pretty much impossible because of compartmentalization of service provision and funding streams.

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Ultimately we all have the same priorities however due to sporadic operational joint working, sharing of data and joint initial assessment of needs, some organizations work in silo with families therefore not always including other professionals that may have relevant and necessary information that can support improvements for families.
Understanding multi agency roles & responsibilities. Children are subjected to multi assessments for funding from Health & Social care.
Unless we are able to pool our systems and resources and reach consensus on how to tackle inequalities for children with learning disability we will continue to get what we have - disjointed approaches that leave families confused and let down that their child's needs are not being met holistically.
Until there is a framework to work within then any progress is hampered and so the day to day work continues to take priority.
We are all working with under-capacity workforces, with increasing demands from managers without a system to work more closely e.g. regular meetings.
We have moved forward considerably with data sharing therefore this is no longer a priority.
We just don't work together at all, particularly health and social care.
We need to have better joined up strategic priorities and aims across services and the leverage to decision make to enable this to happen without drift or delay.
With no method of working together to develop a culture for change - no implemented processes will work. The pooling of budget and information sharing is also essential to free up capacity to work differently.
You don't need finances to work together but it helps.

B. Lack of shared finances	53 responses
A lot of things are determined by funding and unless there is a clear system with a clear funding plan it is possible for children to "fall through the net".	
Acute focus draws too much resource - a pooled budget would help to take a clearer programme view.	
All "together working" is piecemeal and relies upon the motivation of the individuals. If staff changes posts often established links are lost.	
All public organisations are facing cost efficiency savings. Data sharing has been a complex problem between health & LA however this is improving. Difficulties for services from different organisations to sometimes work cohesively together due to organisational constraints.	
All public services are struggling to deliver the service they want to due to cuts in funding. Information not always shared in respect of children's health issues and needs in a timely manner. Services are overstretched meaning that time with service users/patients/clients is always limited.	
As each service or organisation is commissioned separately it creates an element of competition (even when commissioned for different things). Everyone is busy ensuring that they meet their objectives ready to re tender for the next commission. If finances were shared there would be possibly be more joined up working across organisations.	
Austerity measures are hitting local services and there is no longer the capacity for community services to work with families e.g. Sure start.	
Based on my previous experience.	
Communication issues from various organisations.	
Current processes in place involve disputes between the LA's and health over funding arrangements, the child should be the focus and pooled budgets will enable the child's needs to be met much clearly and there would be less time arguing in panel areas about who's responsibility it is to pay. Each child will have health and social needs and a more joined up approach will ensure all the needs of the child are met. Our local areas have a lack of specific support services, poor respite options, lack of suitable homecare provision, and lack of in house specialist services to meet the needs of the children. Due to this children are often placed out of area, families struggle to continue to meet the needs of the child. Rates of pay and current agency provision process often leads a gap in the workforce where by good dedicated and trained carers are leaving the caring profession to be played more to work in social care provisions or by leaving the care industry. Our expectations of carers, looking after vulnerable children e.g. tracheostomy and vented children, children with autism and challenging behaviour are too high. £8.50 per hour to care for someone with needs such as these is not enough and holds risk to the carers and the children. Recruiting a workforce for PHB's is very difficult and often leaves families who want a PHB with no option but to use a care provider.	

B. Lack of shared finances	53 responses
Developing more integrated service delivery is often as a result of different funding streams across organisations that are then determined by the purse holders within that organisation.	
Different organisations have their own priorities and see the integrated system as 'too hard' in part due to their own ways of doing things and financial budgets/pressures.	
Different systems for information, who pays?	
Difficult to work across education, health and care due to eligibility criteria/funding arrangements.	
Finance is a huge constraint on responding creatively to emerging challenges.	
For me, at the moment the lack of finances seems to mean that everyone is reverting to silo working - even though this is exactly what we should be avoiding!	
From my experience they are the pertinent factors.	
Funding drives everything.	
Funding is always an issue as this in the long run determines capacity and staff levels. Staff levels are reasons for high work output and stress levels leading to less communication and ability to work with other agencies.	
Funding is having a huge issue for LA/Families. Issues around data sharing are causing difficulties for our partners in Education Health and Social Care. Systems for working more closely/integrated are difficult to navigate.	
I think true integration is probably impossible without integrated finances. Data sharing is still a problem - I cannot see health visitor notes for example - which means I lose a valuable perspective when seeing people known to them and us. And in terms of a system I think that the way GP surgeries link to children's services varies too much and our face to face meetings are so infrequent that electronic information sharing needs to improve.	
If GNCH was a standalone children's hospital it may overcome some of these barriers.	
In my experience health commissioning, pooling of resource is an insular process and does not engage those services with the relevant knowledge, expertise or experience of delivery in the service area being commissioned. Also it can be very difficult to secure info from Health providers.	

B. Lack of shared finances	53 responses
In my experience it can be difficult to get other organisations interested/on board because they are busy with their own issues.	
In my experience, people from across organisations have the enthusiasm and willingness to work in a more integrated way, but the way money flows through the system and the commissioning processes force silo working. There is a lack of flexibility for innovation within many governance and finance processes.	
It's what I see in my work, in society.	
Lack of communication connects these.	
Lack of shared finance prevents effective distribution of resources Lack of shared data makes joint working much more difficult Individuals needing to address 'silo' priorities prevents them seeing the bigger picture and working towards it.	
Lack of shared finances is a huge barrier as it results in organisations (health and social care) working in silos. Organisations may talk the language of shared finances but I rarely see this happening in practice. Lack of data sharing - this is always seen as a barrier except when child protection comes into play. The worry is that this puts services, the workforce, children and families at risk.	
Lack of shared finances means that valuable time and resources are spent working out which organisation will pay for what. Lack of shared data systems means information is not effectively shared everyone is too busy to think strategically.	
Lack of working together and limited resource has an impact on both health and social care.	
Meeting family's needs are restricted by individual agency budgets especially in regards to respite care.	
Mental health in young people is a huge issue. Young people are being let down massively due to lack of funding. Waiting times to be seen can be months. This then has a huge impact on their daily living.	
Money comes first across organisations through bureaucratic process resulting in organisation priorities.	
No joined up working across services, using different record systems, being able to decline consent for record sharing.	
No real commitment to joint commissioning and pooled budgets. Current joint working arrangement is often ineffective and talking shops. Red tape (which differs across organisations) stifles innovation and causes delay.	

B. Lack of shared finances	53 responses
Organisations are looking after their own budgets and can sometimes try and push costs to other organisations based on "that's not our responsibility", up to date data or time it takes to receive data impedes progress or data is too old, need the workforce to be able to deliver what we would like.	
Past experience.	
Primary care has poor funding and often things deflected from secondary care back to primary to fund from our budget. Also staff shortages in community and bureaucracy and traditional "us and them" approach counterproductive.	
Professionals spend a lot of time discussing who should fund elements of care and support in the community The inability to share data hampers communication and practice at all levels There needs to be significant investment in the work force at all levels. The work force need to be skilled, well supported and valued.	
Sharing finances and including all in developing pathways/systems to work together takes time and effort. There also needs to be some barriers broken down in terms of some professionals not recognising the strengths and therefore missing opportunities in the voluntary sector.	
Sometimes feel that lots of services still do not share information.	
The different commissioning of services and funds impacts on what should be a united service for children and their families.	
These are daily concerns/ problems for our team.	
They are all major barriers to getting the support needed.	
They are the 3 most significant barriers and they were listed first!	
Unless budgets are pooled there will be inefficiency in the system where partners cost shunt to preserve their own organisations.	
We are running a comprehensive 'Starting Well' programme in North Cumbria. We have just run our 8th workshop in twelve months looking at the priorities identified. These issues are identified consistently by professionals and local families.	
We feel left out of the decision making and funding applications. Although, there is plenty of opportunity to share your evidence and your solutions, or methods of working, in the end, it is only a small chosen group of organisations that are then involved in the funding application of Co-designed services.	

B. Lack of shared finances	53 responses
Without sharing of finance and data we cannot work together. Pressures on service delivery squeeze out time / innovation and the capacity to work together meaningfully.	
Working across the system we still have silo mentality and a lack of real coordination. Finances may be an excuse for not moving forward collaboratively.	
Working with other services is negatively influenced by services not being fully financed; therefore lines are drawn in the sand about roles and responsibilities. This leads to services arguing rather than co working in the best interests of the young people.	

C. Lack of data sharing	58 responses
A central point for initiatives /activities would avoid duplication of resources; ensure all are informed, deliver the same message. This would aid confidence among target groups.	
Action starts from information and then systems but can only deliver with necessary workforce.	
All agencies work to own individual needs not together for the sole purpose of needs of young people.	
The entire list has a degree of influence; I just felt the three highlighted were of greater significance.	
As a nurse I often contact social care for information regarding families who have babies in my care - it is very hard to get information, maybe told they are under a child protection plan but not informed of category or why - yet they expect immediate health info on the baby which we don't know if it appropriate to give out etc.	
As an acute trust, children and young people usually access on an emergency or infrequent basis - not regular contact as they may have in the community or within primary care.	
As I feel they are most relevant.	
As if these were focused on it would provide a seamless, team approach and increase efficacy in health care delivery.	
Austerity has removed many of the supporting services and impacts upon outcomes in the community. Finance is split into pockets and restricts innovative solutions and increases bureaucracy. Unless we have good data across different services the nature of issues is hidden.	
Because they are the problems I come across.	
Because they affect my day to day job.	
Clinical information systems remain largely paper-based. Unable to see shared records. Lack of strategic leadership defining the "rules of engagement" for joint working between colleagues between organisations. Working in primary care, time to achieve cross-organisational working is challenging when other aspects of workload (which continue to increase) are accounted for.	
Communication/data sharing is a major boundary I face on a daily basis, we are setting up a new service which is multi-directorate so there is no clear method already in place for working together (but we are working on that). And capacity in hospital, mainly time capacity and bed issues, has a massive strain on our working.	

C. Lack of data sharing	58 responses
Considering a CYP journey through healthcare there is poor data sharing between organisations or within organisations due to interface of digital systems. There is also concern that healthcare for the 0-19 population in both community and acute is a Cinderella service and not prioritised within organisations as it should be.	
Cross boundary working has always been a problem when looking at information sharing, and workforce availability.	
Current IT systems make it difficult to communicate and share information easily between organisations.	
Daily experiences of service delivery.	
Data sharing and inter agency cooperation is a cross cutting barrier in every area.	
Data sharing causes so many other barriers, both operationally and strategically for the safety and wellbeing of families. For example, safeguarding, but also strategic planning of services, due to the restrictions of sharing information and data, funding is restricted.	
Data sharing remains a key barrier and in the absence of this services work separately with the same children and families. This leads to duplication of services but also inhibits joint working and early intervention. I have been involved in various models of integrated working including Sure Start for many years, but still feel that too many colleagues don't understand what it means or looks like in practice. Financial pressures have meant each organisation focusing even more on its own organisational priorities - again this leads to siloed working and practitioners feeling they only have time to do the "day job"	
Data sharing with organisations outside of health can be difficult. We all have different drivers. Workforce development is a key issue.	
Difficult to know the real population needs and have access to information from other sectors due to bureaucratic organizational and governance processes.	
Experience over many years-systems don't talk to each other e.g. CAMHS and LA and A and E-all have different systems	
Feel strongly about them.	
I chose these options because it's what I come across when dealing with young people.	
I feel these are the most relevant barriers.	
If data were captured about all needs by everyone working with children and young people and if there were secure systems in place to share these data across agencies, we would be able to design integrated services based on evidence of needs.	
In safeguarding the ongoing issues are always related to lack of effective information sharing.	
Information sharing is dire with different computer systems in health, social care, education etc. Even in health we cannot easily find information between primary and secondary care and even secondary/tertiary care. I do not know what is out there for children but feel we could work better together of pathways were more integrated. I do not have time to look for the answers as my day is already overfull.	
Information sharing somewhat lacking, bed capacity crisis.	
Lack of data sharing also covers lack of communication with cross-system working. Professionals have to be concerned about safeguarding and confidentiality bit this also then acts as a barrier to sharing information and possibly data. A shared finance system would follow an integrated approach to sharing problems AND resources across health and social care. The fact we don't have integrated finance systems suggests to me that we don't have an integrated financial approach to many child health and wellbeing issues. That leads to my 3rd choice!	
Lack of data sharing can cause difficulties between services and no clear method of working together can sometimes cause a cross over in work. Lack of funding can prevent the accessing of services for families and children.	

C. Lack of data sharing	58 responses
Lack of timely communication, but beyond that, sometimes a lack of shared agendas and understanding of the agenda of others. This all needs to be addressed and made more explicit as a problem so that the interests of the child can be the primary problem addressed.	
Management of them crucial to getting the job done.	
Most relevant to my patch.	
Multi data systems none of which link mean fragmented information, multiplication of documentation and none sharing of information which impacts on coordinated working.	
My direct experiences of encountering these barriers and the broad impact on young people of these issues.	
Needs to have system where information can be easily exchanged and work not repeated by professionals.	
Professionals are generally committed to working together but processes, note systems and other factors can act as barriers for this.	
Sensory support services are organized on a local authority level, making teams too small and vulnerable to individual absence.	
Separate budgets community and hospital systems not communicating with each other therefore inefficiencies in system/processes.	
Services are stretched and under resourced, so they are just getting by. The need more resource and also help in pooling information - a clear mandate and clear protocols for shared working would help.	
System needs to 'think's together and can't do so without the right shared data. Joined up thinking can be resource heavy and staff are needed to support it. Silo working tends to be the alternative. Inevitably unless there is a strong political push from the top local often profession specific priorities tend to come first.	
The hospital and the community cannot communicate with each other's IT! There is no easy way to have fully integrated records and information about a child!	
The sharing of information is most important and this can at times be a barrier.	
There is a lack of willingness for real shared care.	
There is a willingness to work together on the ground, systems policy and individual organisational thresholds prevent this.	
There is no single system to share information and systems do not "talk". If budgets were pooled more can be put in place and a re-shuffle if roles particularly from a management perspective. Rules/policies prevent work being completed.	
These are reason information is not shared in a timely of representative manner.	
These are the key barriers in operational work - achieving integration, effective communication, joint leadership, common outcomes framework - all need those three barriers removed to progress.	
These barriers I feel strongly relate to practice.	
These barriers were identified in the JSNA.	
This is what I see every day. Families of children with complex needs and rare diseases getting lost in the system because of the Victorian systems that we still work in. Our clinicians treating them are using workarounds that are incomprehensible, especially to families. Families are telling us to get our act together and redesign services.	
This issue comes up regularly when working with our partners in the health sector e.g. Caldecott.	

C. Lack of data sharing	58 responses
Through practice experience.	
Too many computer systems that would be more helpful if you could access all systems together, people don't always work together for clear goals for patients and there is always bureaucracy.	
Too many different systems for organisations. Unable to get crucial information from another system when leading on a plan for a family.	
We must work collaboratively yet in any such situation there is always a protectionist approach esp. with sharing of data and finance.	

Appendix 2: Additional barriers to cross system working put forward by respondents

Barriers to cross system working	Examples (duplicates have been removed)	No of responses[1]
	Finance, funding and resources	**34**
	• Lack of sustainable funding. • Insufficient funding allocated in areas of greatest need as identified by deprivation. • Lacking of funding for services overall, particularly mental health services. • Many, including low pay and lack of quality training for critically important work. • Lack of clarity about funding across agencies and management issues with multi agency teams. • Our society doesn't prioritise services for children with sufficient funding or training, but pays lip service only with glib phrases such as children are the future. • Travelling, funding for nurses, (lack of). • Lack of resource and therefore under staffing leading to ridiculous waiting lists. • Finance and support for under threes. • A better understanding as to how resources can be moved 'downstream' and open discussion about the consequences. • Uncertain funding landscape (and no visible forward plan). • Needs investment of time in people being brought together so there is a clear understanding of roles/ responsibilities and priorities. • No-finances need to be pooled together so working together more important and benefits the 'Need' of the child as priority. • Time limited funding makes services protective of their role (for fear of losing funding) but actually instead of focusing on what they are good at they try to be “jack of all trades". This dilutes the overall provision. • Time and resources. • Lack of investment in staff training. • Austerity and budget cuts. • Limited team resources to complete additional work. • Money and lack of resources. • Austerity - impact of cuts from mental health budgets in LA and cuts on public health, increased referrals to CAMHs with little preventative work - as previous services cut. • Need to look at joined up finance models, co-commissioning and alliance contracting. • The NHS gets disproportionately large funding growth compared to LA partners. • Fear to not comply with financial constraints. • The withdrawal of funding for early intervention and tier 2 provision by the local authority. • Lack of funding to provide resources / staffing. • Lack of understanding between disciplines and the way funding means people are not able to carry out care of children.	

[1] including those removed

Barriers to cross system working	Examples (duplicates have been removed)	No of responses[1]
• Risk mitigation for changes to currencies of payment for services.		
Lack of strategic and/ or local vision, coordination, approach or integration		20
• Joined up leadership between Directors of Children's services and NHS Executives. Children's services do not feature significantly as they should at an ICP/STP strategic planning level. • Lack of strategic co-ordination of services across organisations. • We need a shared strategic framework if we are to work together as a system and this requires more capacity and focus on the community and more partnership working across organisational boundaries. • Jointed up thinking at the higher levels. Not having a clear vision but if there is one it hasn't been shared with the wider workforce. • Lack of links between adult/ child services etc. • There also needs to be a strategic sign up to making people accountable to working closely with partners for the benefit of families. Including clear joint priorities regarding increasing early help and intervention. • Rather than thinking cross system we need to have one common system with sub systems which are accountable to main system. • Integrated care communities should solve some of these barriers • Lack of clarity on purpose No one relinquishes power easily Lack of relationship management Confusion and frustration. • The lack of continuity between the move from Children to Adult services and the delay in assessments e.g. A young person currently accessing children's provision will not be assessed by adults until actually 18 years old and therefore causes delays in accessing any adult services. • The transfer of services to other organisations creates more barriers than there were previously, e.g. mental health and universal services, rather than moving towards increased integration; the children's agenda is not robust within ICC development. • Shared vision and values. • I think health, social care and education have different objectives and outcomes currently. • Progression of strategic agreements into operational delivery. • Difference in priority of the same work across organisations. • I think there is a real will by lots of people to work together but without a management system to make it happen, people just continue working in their silos. I believe there is so much repetition and lots of money could be saved by bringing people together under one system. This would mean a more integrated support system for families, where they would get access to the support they need when they need it. (No more repeating stories and being passed from service to service) Services are also 'scared to share information' but most families are happy for information to be shared if it is going to improve their care. • Different priorities of organisations. • Managers having a long term vision of how services may be delivered in a more sustainable way. • There must be better understanding of mutual roles in community and acute services and also between acute services, where one trust may be seen as the 'gold standard' as they have tertiary services.		

Barriers to cross system working	Examples (duplicates have been removed)	No of responses[1]
• Having a joined up approach with an agreed priority designated action plans.		
Communication, information sharing		14
• Limited communication between schools and community services. • Better communication systems and regular contact is at a premium due to stretched staff time and resources • The changes to GDPR have made services nervous about information sharing. • The transition to education post-16 is poor in terms of information sharing. If a young person has an EHCP we get a lot of information but for everyone else there is no information shared by schools, health services or the local authority. • Lack of regard or real application of co-production and listening and having regard to the voice of the child. • Different languages/ terminology. • Information sharing agreements among agencies. Joint policy and procedures. • Professional language - often hinders change and agreement on what outcomes should be. • Lack of pooled intelligence as to service need across the shared community. • Senior leadership teams appear unclear and unwilling to communicate in a cooperative way. They tend to be drawn in for support in arguments rather than solving problems. • Commissioner willingness to discuss issues with clinical staff. • People acting as gate keepers may feel they are at risk if too much information is readily available.		
Information Technology		8
• IT systems that don't 'talk' to each other and data governance that is too risk averse. • Different recording computer systems. • Multiple IT systems. • E-mail systems. • No access to other systems information. E.g. no access to ECAF or systems from social care how old information that could put families or staff at risk. • Lack of common electronic patient records across organisations and between health & social care. • IT systems are a problem in terms of data protection and patient confidentiality. • IT systems that don't 'talk' to each other and data governance that is too risk averse.		

Barriers to cross system working	Examples (duplicates have been removed)	No of responses[1]
Recognition and understanding of professional roles, skills, services , stakeholders		25

- Awareness of each other's resources, skills and capacity.
- Recognition of role.
- Services and workforce/skills vary a lot around the geographical patch.
- Lack of understanding of each other's roles and responsibilities.
- Knowing who to engage with and at what level.
- It is very difficult when you have a profession for which one has studied really hard for when organisations fail to recognize the special skills within that profession and expect that someone from a none health background can come in and deliver the same service.
- Lack of understanding of professional roles. Also integration is important but does not mean that everyone has to work within the same service or office!
- A lack of understanding of different roles within the different organisations so some overlap potentially leading to confusion, duplication and lack of efficiency.
- Lack of understanding and appreciation of professional's roles, limitations and resources.
- Confusion over roles.
- Apparent lack of knowledge about other professional's roles and responsibilities.
- Understanding other services available, understanding roles required overlap of some roles
- Lack of understanding of what others provide and how to establish a priority list which may not match that of your individual service.
- Understanding of the value of each other's work between community/primary care and secondary care, between physical and mental healthcare teams.
- Increased pressures on the current workforce, across all sectors, has led to diminished capacity and greater sickness levels.... which in turn has reduced the efficiency of those left as there are unmanageable workloads across the board. You can't create sustainable change with systems under that kind of pressure.
- Familiarity with different organisational working practices.
- There must be better understanding of mutual roles in community and acute services and also between acute services, where one trust may be seen as the 'gold standard' as they have tertiary services.
- Need investment of time in people being brought together so there is a clear understanding of roles/ responsibilities and priorities.
- Knowledge and understanding of each other's roles.
- Lack of understanding of roles.
- Lack of shared understanding of professional expertise.
- Unclear about roles and responsibilities.
- Lack of a shared understanding of what everyone else is doing.
- Lack of recognition of the crucial importance of the roles of Bank Staff - that they should be treated as those with substantive posts in order to keep them up to date with changes.

Barriers to cross system working	Examples (duplicates have been removed)	No of responses[1]
Capacity and. demand issues		19
• Respective capacity and demand issues across services. • Capacity of staff and workforce development are all issues that need to be addressed. • Lack of agencies and staff e.g. CAMHS to refer children and young people to. • Lack of retention of staff in social services, use of agency staff on grossly inflated salaries who have the skills to work with families but stay for short periods and then move on, therefore leaving vulnerable families with a lack of continuity of worker. • Lack of resource and therefore under staffing leading to ridiculous waiting lists. • Limited services locally and limited transport for young people to access services further afield. • Capacity is a barrier but I feel the above three more important. • Unfilled posts/ staffing. • Time and resources. • Capacity particularly in the CCG although this has improved over recent months. • Austerity and budget cuts. • Limited team resources to complete additional work. • Lack of understanding between organisations of the pressures each of the organisation is under. We seem to be very quick to try make things someone else's problem. • Increased reliance on voluntary sector without the support to the voluntary sector to increase their resilience. Short term funding of voluntary sector means that they are not included in statutory plans as fear that service will be cut. • We need more (skilful) youth workers and family support workers. • Time within the working week to access appropriate face to face training. • Time to do it properly. • Increased pressures on the current workforce, across all sectors, has led to diminished capacity and greater sickness levels.... which in turn has reduced the efficiency of those left as there are unmanageable workloads across the board. You can't create sustainable change with systems under that kind of pressure.		
Political and leadership issues		10
• NHS England. • Political restrictions/ support for change. • National constraints and misguided choices.		

Barriers to cross system working	Examples (duplicates have been removed)	No of responses[1]
• Lack of government strategy which ensure investment in early intervention and prevention. • No transition policy to adult services- can drop off a cliff at 18 if they don't fit strict criteria. • Local democratic processes particularly in local government. • Having a joined up approach with an agreed priority designated action plans. • Equality of services. Buying into the VS agenda and acknowledging the quality and professionalism of the work they do. "It's not the soup which makes you better it's the person who brings it". • Knowledge of 'how's to do it and political support within agencies. • Political support for change. • Lack of understanding of current legislation etc. • (Lack of) Integrated leadership.		
Geography and location		7
• Geographical challenges. • Co-location in suitable accommodation. • Limited services locally and limited transport for young people to access services further afield. • Competition between hospitals Geographical barriers – e.g. services commissioned in 1 area are different from another • Geography. Is this neighbourhood, LA, ICP, ICP.		
Different organisational and professional cultures		7
• Different cultures and focuses with organisations. • Cultural aspects - promoting change as positive opportunity, managing fear of new ways of working by reassuring staff that jobs are safe. • Organisational cultures differ and this can sometimes present a barrier. • Culture and recognition of role. • Culture, different directorates have different work cultures which make it difficult to keep work consistent and effective for everyone involved, including patients. • Organisational cultures.		

Barriers to cross system working	Examples (duplicates have been removed)	No of responses[1]
Professional barriers		6
• Professional hierarchy. • Clinical snobbery. • Different professional heritages can lead to different professional language, culture, assumptions and this in turn can create a kind of professional "snobbery" which doesn't value or respect the different contributions made by different parts of the system. Organisations tend to think that everything would work better if they could deliver more themselves - again leading to duplication. • Attitude and ego. • Professional engagement. • Commissioning processes		
Resistance to change: personal and institutional		7
• Unwillingness to change professional barriers – hierarchies. • Yes ingrained institutional ways of working and professionals wanting to hold on to their budget services and control rather than seeing themselves as serving families. • Lack of direct link between clinicians in primary, secondary and tertiary care to work through these problems. There is no face to face forum that allows interaction of front line staff in primary, secondary and tertiary care. • Lack of trust. • More likely to hear people talking about system and organisation issues rather than talking about children, young people and families and what is best for them. • Top-down driving ignoring knowledge, experience and competencies... • Institutionalised training values.		
Lack of training/ education/ development		5
• No shared training. • Integrated education / training time. • Education of professionals. • Lack of investment in staff training. • Lack of creativity.		
Lack of evidence		2

Barriers to cross system working	Examples (duplicates have been removed)	No of responses[1]
• Current lack of evidence of 'what works' available. • Need translation of evidence-based practice and support on development, implementation and evaluation.		
Other Comments- ideas for improvement		9
• Lots of willingness to do this, but often fails due to commitment and support from within the organisations. • Constantly bashing services and stating not achieving causes poor morale and lack of faith in referrals and outcomes. • Needs investment of time in people being brought together so there is a clear understanding of roles/ responsibilities and priorities • There also needs to be a strategic sign up to making people accountable to working closely with partners for the benefit of families. Including clear joint priorities regarding increasing early help and interventions • Yes, see my answer above (Based on my broad experience across organisations. I would have chosen others though had I been allowed to propose. I think one of the biggest barriers - perhaps part of the "capacity in community" item is lack of genuine skills, knowledge and understanding among staff across all levels (from strategic managers to the front line staff) about: (1) what cutting edge, evidence-based, effective community services should look like and what interventions they should consist of; and (2) how to implement such things in practice. This is not just a North East and Cumbria problem, but based on my experience of especially health services we are probably about 10-15 years behind some of the more modern services, and about 15-20 years behind of the cutting knowledge. There is no mechanism to address this, or to feed into improving this. Strategic leaders do not really want to hear, and there is no access to commissioners to have genuine input. This present survey and initiative seems very exciting, and I really hope this will be a start of a new wave and way of doing things. • Include clinicians in restructuring process and value their opinions • need for rolling programme of meaningful training events/activities • We need to see courageous thinking and bold plans to get better results. Doing what has always been done and expecting better outcomes obviously isn't working • Do not forget the children and families in this process		

Appendix 3: Other things the Child Health Network could be doing to address barriers to cross system working by sector **N=87**

	Focus of development/ change (16)
Education	Remember about post-16 institutions, many of whom now recruit 14-16 year olds, and special schools.
Mental Health	Focus on leadership and whether adequate. Publicity to the general population about how bad things really are, develop a marketing campaign to highlight the need to improve children's services and campaigning to achieve it. I don't want to be too hard on school but... the national curriculum excludes children that do not have rather academic aptitudes. A curriculum with more pastoral and especially vocational content would offer the possibility of a wider group of children thriving. Through inappropriate curricula, excessive pressure to attain, incomprehension of children's behaviour problems, at present high schools may be a cause of mental health problems.
Health Physical	Allocate every child a paediatrician at birth as they have a GP. I think it is a comprehensive list although I think I'd like to be assured that children with learning disability (and additional needs) are equally considered as part of the developments ahead. Include GPs/primary care with secondary care in work to ensure commitment from all areas. It would surely help to look at the support children and young persons have in the community to start with.

Other	Focus on the areas of highest deprivation. Evidence-based support for parenthood (not just parenting) which includes fathers and mothers. Recognise the importance of social value in all decisions. Develop common understanding that we need to address the entirety of child wellbeing and health and not just focus on the more extreme end of the spectrum, There also needs to be a focus on capacity short and long term to support regional planning and local delivery. Focus on mental wellbeing. Develop the market place for providers. Actually provide programmes with a focus on Anxiety for kids and attachment / ACE issues for Parents. Consider specialist parenting programmes for ADHD/ ASD /Attachment that can be accessed in a timely way.

	Engagement and involvement with all stakeholders including children and their families and friends(14)
Mental Health	Engagement of the wider children's workforce.
Health Physical	Create stronger child and family engagement/Champions/Leaders beyond the overarching models in the consultation document. How do we better use the Children's Trust Board. Ensure that all appropriate services are incorporated at the development stage Ensure that strategic decision making is not dominated by larger or more. powerful personalities. This links with the culture and recognition aspect. Work alongside practitioners and get feedback from clients and patients. Yes - ask families how this should be done and give them some control. They often provide better solutions and do so more cost effectively than traditional

	Engagement and involvement with all stakeholders including children and their families and friends(14)
	bureaucratic services.
Local Businesses	Ensure children, young people and families who will be using these services are involved with the whole process from start to finish (design, delivery and on-going evaluation) This would be my number 1 priority if it was in the list above.
Other	A broader approach to commissioning and engaging relevant services. Communication - share knowledge and best practice, establish network. Place the voice of the child at the centre of the planning and delivery processes. and cut out the organisational and professional barriers to outcomes and solutions. Engage the workforce but challenge working practices and assumptions. Ensure the lived experiences of families, children and young people are heard. Ensure that there is always a focus on outcomes and impact on CYP at every level. While there needs to be some process issues, it is common for process outcomes to dominate at the expense of outcomes for the health and wellbeing of children and young people.
Voluntary Sector	Go to great lengths to get schools on board from early on in the consultations. Listen to the views of parent carer forums, children and young people.

	Invest in training and education (10)
Education	Have a high level of skill in the field of technology so that solutions can be fit for

	future working and not reliant on outdated, paper based systems.
Mental Health	From a mental health perspective (CAMHS) overall budget should be held by a mental health trust who can commission, provide governance and oversee a tiered approach. Lobby for increased funding from government. Lobby for investment.
Health Physical	Challenge centrally for more robust funding. Funding of child health and wellbeing directed to need rather than services. Lobby for adequate funding, and recognition that providing isolated services. costs more per patient for same level of service. Recognise isolated communities have additional challenges accessing services. Lobby for more resources at national level.
Other	Increased funding.

	Develop integrated, partnerships, collaborative services and ways of working (8)
Health Physical	Close collaboration with existing networks (e.g., Neonatal ODN, Maternity, Perinatal Mental Health, Local Maternity systems and also commissioners (NHSE & CCG). Develop/ explore/ share models for working across organisational boundaries.
Other	Address identity issues. We need to ensure that services and practitioners see themselves as part of a much wider service with the overarching priority of improving outcomes for children and families. Agreed strategic decisions are implemented operationally and evidenced and openly discuss challenges that occur. Feedback upwards to government, PHE, NHSE, LGA, not just its own network Lobby government for some joint funding and joint outcome measures. We are all working towards improving child health and wellbeing against different measures, having joint outcomes would help interagency working. Departments work in silos. There is little or no holistic view.
Voluntary Sector	All professionals and services working from one system

	Better and more effective communication (8)
Education	It is kind of embedded in some of the points above, but I would say have a clear channel of communication between stakeholders, service providers, academICP and the community.
Mental Health	Communicate at a staff based level to ensure investment in the process Communicate in simple English rather than management jargon as asked in these questions. Listen to services and young people about what needs to be changed.

Health Physical	Have better ways of communicating across sectors across the region Need more face to face forums that allow interaction of network members in their everyday jobs.
Other	Communication - share knowledge and best practice, establish network Effective information sharing.
Voluntary Sector	Policy makers are vague about what's delivered outside their own organisations, this in some cases can also describe services within their own local authority, A does not know what B is doing.

	Address capacity and demand (7)
Health Physical	Arrange for staff to spend time in each department so we understand work load and stresses on departments. Qualified community staffing for children and young people e.g. no longer a school nursing service in Cumbria. Study individual roles and identify the skills that specialist practitioners have Suggest more staff / funding for Children's social care team.
Other	There also needs to be a focus on capacity and short and long term to support regional planning and local delivery. Have more people actually delivering the service at a ground level. Have specialists delivering cross sector training to enable workers to deliver basic intervention whilst waiting for treatments.
Voluntary Sector	Retain quality staff levels on the ground.

	Develop and promote positive, can do attitudes (6)
Education	Be clear, have enthusiasm and positivity and the ability to inspire others.
Health Physical	A lot of the above are about visions and plans and not doing, stop the talking and do something! Be solution focussed. Cut out jargon and 'soundbites' and focus on the achievable.
Other	Reinforce messages that we are all working together to improve outcomes for children and families.
Voluntary Sector	All of what is listed has already been done but piecemeal and short team. It needs conviction.

	Improve ways of working (5)
Health Physical	System of peer review across region
Other	Improved team working Some professionals do not recognise the value of others they work with or perhaps place them in order of importance. Sadly foster carers are often seen at the bottom of this 'ranking'. Many of us have massive experience of paid work in health or social care and in caring for looked after children. Foster carers are integral to looked after children's health and well-being and should not be excluded from discussions or seeking evidence that will contribute to their health and wellbeing.
Voluntary sector	Build trust and better relationships between all interested stakeholders. Promote respect among different professions

	Develop and improve integrated IT systems (4)
Education	Have a high level of skill in the field of technology so that solutions can be fit for future working and not reliant on outdated, paper-based systems.
Health Physical	It would surely help to look at the support children and young persons have in the community to start with Lobby for more resources at national level
Other	Develop 1 Governance system

	Planning and Prioritisation (4)
Education	Remove bureaucracy where possible, prioritise and target on specific areas of work
Mental Health	Clear plan - what we will do 2019 - 20 to start the process, what next in 2020-21 - Clear message that there will be initial priorities and an ongoing improvement plan - cannot fix it all at once!
Other	Ensure priorities are shared - i.e. each organisation is working to the same priorities.

	Invest in training and education(4)
Mental Health	Multiagency training.
Health Physical	Education across the network. Shared training.
Other	Educate staff on the preventative advantages of very young children.

	Access to services (transport)
Education	Transport and access to services.

Appendix 4: Examples of good practice identified by respondents.

157 examples were recorded, some of these are duplicated across more than one ICP sector and some responses with more than one example have been separated out so the number of examples in the tables may not correspond to 157 in total.

Education

	North Cumbria	Central	South	North	All
Education	School work closely with local GP.	School Nurse and school - works really well for us at my school.	HALO IAPT Counselling Provision I am currently working with a charity that is a kinship carer organisation - Grandparents Plus, which is an excellent example of service and support network of kinship carers.	Examples are Ways to Wellness, Family Gateway; and multiple local and community collaborations.	Examples are Ways to Wellness, Family Gateway; and multiple local and community collaborations.
		Health (Speech and language therapist) working alongside educational professionals to improve outcomes for those children in mainstream schools who have additional needs.	The work of the CCG and LA has improved following the SEND Ofsted inspection with clear accountability and co-produced strategic leadership. The work to develop data sharing is a significant and important step locally and nationally.	Newcastle Progression Forum, which brings organisations together around the themes of learning/employment.	

	North Cumbria	Central	South	North	All
		Building Resilience in children and young people in education settings (Durham Resilience Programme) positively evaluated independently by University of Brighton.	Links with Education and Health to develop resources which support school self-evaluation and school improvement planning.	A number can be identified through the ARC application.	
			Early year's education & childcare professionals working alongside health service managers to ensure that services have clear lines of communication and representation at School Readiness Forum. Kinship carer organisation - Grandparents Plus, which is an excellent example of service and support network of kinship carers.		
			South-Tees Speech and Language Service working closely with Middlesbrough and Redcar LA's to improve the reports which are		

	North Cumbria	Central	South	North	All
			produced for EHC Needs Assessments and EHCP Reviews. Sharing knowledge and barriers and working together for each other's benefit which ultimately makes everyone's job easier.		

	North Cumbria	Central	South	North	All	Not Known
Mental Health	NHS and Third Sector communication and shared work. Planned service delivery between NHS staff and Social Care.	In Co Durham and Darlington, the Specialist Childhood Obesity Service (hospital based) links with community services and CAMHS to address factors leading to, and maintaining, obesity in a collaborative way.	In Co Durham and Darlington, the Specialist Childhood Obesity Service (hospital based) links with community services and CAMHS to address factors leading to, and maintaining, obesity in a collaborative way.	Local transformation plan implementation group Mental health pathways system transformation work Joint commissioning group for CCC.	Public Health Rise Above website and resources. Engagement with service users / carers to inform mental health plans.	Advocate for wellbeing and reliance to be part of day to day life of children to prevent mental ill health where possible.
	Occasionally CAMHS work well with children's services.		ASD service development.	CLASP in Newcastle.		
			Darlington schools and mental health service for children does as much as they can to improve communication between professionals.	Standard practice between CAMHS, schools, social services and voluntary sector, pragmatically solving problems for children.		
			Development of Adverse Childhood Experiences focus and Head Start.	Team work between different disciplines in supporting young people and families.		

	North Cumbria	Central	South	North	All	Not Known
			Early Help Forum.			
			Mbro CAMHS have a multi-agency shared hub to screen referrals and direct as apt. Redcar CAMHS have a good relationship with the Junction.			
			Mental health services and school currently work well together in our area, providing schools with a link person they can contact. We provide free training for anyone dealing with mental health services.			
			SEN panel work /Early help panel.			
			SPOA and MASH in NY			

	North Cumbria	Central	South	North	All	Not Known
			VEMT			
		YOS in Durham and Darlington	YOS in Durham and Darlington			
			Middlesbrough CAMHS Transformation /Head Start Board (sub-group of the CYPT)			

	North Cumbria	Central	South	North	All
Health Physical	Child Health Hubs (paediatricians and GPs) within local communities for new paediatric referrals which means children and young people don't need to go to hospital for outpatient appointments.	Developing better links with mental health and paediatrICP where possible. CAMHs attending monthly meeting at UHND to discuss issues/cases monthly and develop working relationship.	CAMHS in Durham working with the ward, they are excellent with the 24 hour service and always at the end of the phone.	Newcastle joint panel of teachers and speech & language therapists to process referrals for school age children with speech, language and communication needs. This was stood down in July 2018.	Clinical networks for asthma, epilepsy, diabetes NECTAR RESILIENCE Allergy primary care Diabetes in school.
	Children's Community Nursing teams caring for children after acute discharge.	Child safeguarding.	Compass.	Asthma, allergy, and sepsis care.	Caring for oncology CYP at end of life.
	Within the CLP service we integrate hospital CDH and ortho departments well across the region. In Cumberland until late CDS also attended our CLP MDTs which hugely improved information flow between all parties		Within the CLP service we integrate hospital CDH and ortho departments well across the region. In Cumberland until late CDS also attended our CLP MDTs which hugely improved information flow between all parties	Within the CLP service we integrate hospital CDH and ortho departments well across the region. In Cumberland until late CDS also attended our CLP MDTs which hugely improved information flow between all parties	Within the CLP service we integrate hospital CDH and ortho departments well across the region. In Cumberland until late CDS also attended our CLP MDTs which hugely improved information flow between all parties
	Ncumbria ICC still in development but quite exciting in its vision	Ncumbria ICC still in development but quite exciting in its vision	NCumbria ICC still in development but quite exciting in its vision		

	North Cumbria	Central	South	North	All
	Good specialist links between community and specialised services in Newcastle	Vulnerable Parent Pathway integrated delivery YAM-CO DURHAM	Young people's consultation groups - not tokenism, but a genuine effort to listen to young people.	0-19 services in Northumberland working into Early Intervention hubs Regional approach to issues such as Resilience project	Children's community nursing tem - Gateshead
	Health Transition planning with Tertiary Hospital & Community Joint working with children's centres to deliver speech and language workshops	Strategic partnership for disabled children and those with special educational needs in Sunderland. Representation from commissioners and providers across statutory, private and voluntary sectors with parent carer representative and voice of the child.	Developing better links with mental health and paediatrICP where possible. CAMHs attending monthly meeting at UHND to discuss issues/cases monthly and develop working relationship.	KidzMed - project to make it easier to get medication across the region for children wherever they live CHER education network GP Advice and Guidance service	The North East & Cumbria Learning Disability Network has some well-established cross sector initiatives to tackle inequalities for people with learning disability including children and young people. We'd welcome the opportunity to collaborate with the Child Health & Wellbeing partnership to further develop this work.
	Children's nursing- Complex Physical Health.	Starting a CPIP cross regions database.	Starting a CPIP cross regions database.	Schools and the services a lot of children can get through them.	

	North Cumbria	Central	South	North	All
	Multi-professional working is strength within the children's community working groups.	We had a strategic partnership board with wide membership for CYP with disabilities which had really good potential to represent issues to higher levels, however, due to difficulty with engagement with reporting upwards this has been put on hold. This is an example of excellent partnership working held back by barriers.	Statutory work around SEND, Child protection, clinICP for long term conditions e.g. diabetes, epilepsy to name few.	Primary care trainees and GP partner working with Paediatric Rheumatology.	
	e.g. Dr Glynn Jones visiting paediatrician to Brampton Medical Practice	One point hub system.	Previously joined working of health and children centres to work together for health promotion in babies and young children.	Child Death Review Panels.	
	Opportunity for a fully integrated health service in North Cumbria Conversations with county	Neonatal network. Epilepsy services. CSA forensic service.	Close meetings and feedback from GP's to Paediatricians through GP	The West Northumberland paediatric hub.	

	North Cumbria	Central	South	North	All
	council re wider integration agenda.		net meetings and time outs. Currently North Tees ticks all boxes for Facing the future standards for acute care - Community Paediatric set up is being looked into and collaborative work is currently underway.		
	Relationship between Copeland health visitors and Howgill. Relationship between Copeland health visitors and strengthening families team.	Diabetes Network.	I have set up telephone triage for GPs acute issues in paediatrICP which enables consultation with consultant and aims to reduce unnecessary attendance at secondary care.	Joint working with children's centres to deliver speech and language workshops.	
	Relationship between Copeland health visitors and local GP practices. Relationship between Copeland health visitors	Our hospital social workers are based at both hospital and the social work office.	Multi-agency monitoring and evaluation groups which regularly audit cases to identify good practice and areas for	Statutory work around SEND, Child protection, clinICP for long term	

	North Cumbria	Central	South	North	All
	and local nurseries and schools.		improvement across all local agencies.	conditions e.g. diabetes, epilepsy to name few.	
	Some of the early help teams have produced really good results I am currently working within an early help team led by local school and I believe it is making a difference for the children and parents within the family.		Partnership working with a 5 year plan.	Integrated child health services- acute/ comm paeds and CAMHS in my area helps to develop local joint pathways.	
	There is good work and communication between some health services and schools. However this is not as good as it was 10 years ago when an effective school nursing service worked in schools which had a greater impact on children and families.		Joint working with children's centres to deliver speech and language workshops.	Our hospital social workers are based at both hospital and the social work office.	
	We have a children's co-production group, strong links across north Cumbria via LSCB and		Statutory work around SEND, Child protection, clinICP for long term	Great links between speech and language and	

	North Cumbria	Central	South	North	All
	joint commissioning and good links with the third sector		conditions e.g. diabetes, epilepsy to name few	autism assessment. MDT team in complex needs	
	Co-Production workshops in Cumbria.				
	Active engagement with CYP in North Cumbria (learning disability, autism & children looked after). Engagement with non-verbal young people. Health & Education autism films and eBook resources.		Hartlepool's Mental Health work with schools which is cross agency and discipline. ; Durham YJ Team working with psychologists.		
	Work force in Pennine way school.		Multiagency meetings.		
	Joint working with children's centres to				

	North Cumbria	Central	South	North	All
	deliver speech and language workshops.				

Local business

	North Cumbria	Central	South	North	All
Local Business		Rollercoaster Parent Support (Parent and CAMHS Partnership from the start) Expert by Experience models used via the NCCMH			Rollercoaster Parent Support (Parent and CAMHS Partnership from the start) Expert by Experience models used via the NCCMH

Other

	North Cumbria	Central	South	North	All
Other	Nationally, there has been some excellent work in the last 15 years around: working to genuine family priorities, integrating social and healthcare inputs, health and education working very closely together at population (class room/school) level to	Best Start in Life integrated action plan.	Liaison and Diversion at the point of service delivery. The approach taken by commissioners and services providers at a strategic level is not inclusive.	Nationally, there has been some excellent work in the last 15 years around: working to genuine family priorities, integrating social and healthcare inputs, health and education working very closely together at population (class room/school) level to	Great North children's research community. YPAG.

	North Cumbria	Central	South	North	All
	support all children so as to enable integration. A lot of these examples are from Scotland, and there are also a few demonstration sites in London. We are currently doing work with commissioners in Chester.			support all children so as to enable integration. A lot of these examples are from Scotland, and there are also a few demonstration sites in London. We are currently doing work with commissioners in Chester.	
	Joint visits between specialist teachers and therapy staff	CYP Mental Health & Wellbeing Alliance: Integrated approach to strategy development and delivery. System-wide design of services.	EHC plan process in Hartlepool. The children's continuing care process in Tees and how this is aligned to the SEND process.	Newcastle has a Child be Healthy Partnership that aspires to promote integrated working across systems and organisations. There is no pooled finances but there are shared aims and a vision.	
	Liaison between paediatricians and health visitors.	Family nurse partnership.	Future in Mind SEND Autism in Stockton.	Physical Literacy - A forum which is looking to increase activity across the day for C&YP predominantly based around the school day.	

	North Cumbria	Central	South	North	All
	Community hospital based links with all other health professionals in same building/hub.	In County Durham there is a good level of partnership engagement through joint working, e.g. healthy child programme.	In County Durham there is a good level of partnership engagement through joint working, e.g. healthy child programme.	Northumberland has a strong Physical Literacy group which is working well to improve physical literacy and levels of physical activity across the county. This Partnership includes schools, LA education, PH, our County Sport Partnership and Active Northumberland, our leisure provider.	
	Paediatricians and GPs running joint clinICP in North Cumbria.	Health Visitor/midwife although there is area for improvement.	Specific cases where both health and the LA fund a package of care. Currently some of these cases are jointly approached by the social worker and health representative. This ensures all the needs of the child and family are supported and represented. The approach is consistent and expectations are	The North Tyneside Emotional Wellbeing and Mental Health working group. A cross agency group working with commissioners, schools, health providers, third sector and representative groups to develop integrated solutions with a particular focus on prevention and early intervention.	

	North Cumbria	Central	South	North	All
			managed appropriately. The outcomes for the child are met and often improved due to collaborative working...		
			Early days but starting to integrate services within the LA Children's Public Health and Children's Services however there are also challenges.	A number of new initiatives have been piloted such as Schools Link programmes, a new Schools emotional wellbeing resource pack developed, a citizen researcher project undertaken 'MH2K' with young people leading on MH engagement work, commissioning of the Kooth on-line counselling platform, a pilot approved to improved mental health assessment for children entering care etc..... Barnardo's 0-19 offer in Biker - great, wrap-around	

	North Cumbria	Central	South	North	All
				services and enabling of local voices	
	'Starting Well' programme in North Cumbria.	Integrated Steering Group for Children established.	HV & SN transferring into LA.	Sharing date between LA Education service and NHS in providing data to support local/national child dental health surveys.	
		South Tyneside - integrated community arrangements called Best Start Locality Partnerships	Work around Troubled families and early intervention	Sharing office with support staff works well. We also have links into housing and the local police force.	
				Regional public health networks for children, obesity and physical activity, mental health.	
				Children's and young people emotional wellbeing strategy group.	

	North Cumbria	Central	South	North	All
				Early help Locality meetings that asses plans for families, collectively look at most relevant intervention and lead for work.	
				Family Support Team supporting families and children with complex health needs.	
				Gateshead Health and Care System Partnership Health and Well-Being Board.	
				Integration of Secondary and Community services for health (Although need to add social care and Mental Health.	

Social Care

	North Cumbria	Central	South	North	All
Social Care		SPOC contact centre working closely with allocated SW and Family Nurse Partnership.	CAMHS work in The Children's Hub in Hartlepool Borough Council as part of an integrated team. They share their expertise with social workers, support learning and understanding of mental health needs as well as sharing important information about children to information statutory assessment.	1001 Critical Days Think Tank and CLASP (Collaborative Learning and Shared Partnership) in Newcastle.	
				Early Help Plans and Reviews. In some cases the Early Help reviews enable a multi-agency team to work towards Joint outcomes, problem solve together and have a focused role and tasks to enable those outcomes to be met.	
				Strategy meetings and Child Protection conferences	

Voluntary Sector

	North Cumbria	Central	South	North	All
Voluntary Sector	Cumbria working with Cumbria County Council and third sector to address emotional resilience/young people's mental health - systems change approach.	Local children's Hubs seem to be moving in the right direction across Durham but there is still a long way to go regarding the issues I have indicated through this survey.		Relaxed, safe learning environments in community buildings run by local people where children, young people, parents/caters come together to learn and get advice.	COP and local shared work.
		County Durham Emotional Wellbeing Network coordinated by Rollercoaster Parent Support Group.		Better integrated working has developed over the last few years but there is still a lot to be done.	Safe Families for Children
		Youth Voice network.	Youth Voice network.	Youth Voice network.	
			CAMHS.	CAMHS.	North East and North Cumbria Accelerator Site.
				Children's Zone/Children's Communities Social prescribing.	

	North Cumbria	Central	South	North	All
				Co-location of health and social care teams	
				Edberts, North East Counselling Services, Gateshead Neighbourhood Management and Public Health working together in East Gateshead, around preventative counselling, social opportunities, accessing local assets and a holistic approach to childhood obesity. We hope to use some of the learning from this to launch a new place based project in Gateshead this year, as a prototype for a new way of agencies working together in a specific geography with a community with complex needs.	

	North Cumbria	Central	South	North	All
				Child Accident Prevention Forum Oral Health delivery in the city.	
				Children's centre advisory boards.	

Appendix 5: Good examples of partnership working and reasons for success

	Good examples of partnership working	Success factors
1.	South Tyneside - integrated community arrangements called Best Start Locality Partnerships.	It hasn't yet but there is a collective leadership approach which is turning into delivery.
2.	Relaxed, safe learning environments in community buildings run by local people where children, young people, parents/caters come together to learn and get advice.	Because it was set up by a group of parents in a deprived area 12 years ago and because we now run 7 such Learning Hubs across Newcastle and North Shields and because of lack of access/IT facilities in community buildings after school/workings hours, we have finally managed to create the same relaxed learning environment on a converted double-decker bus in order to reach more less-affluent areas
3.	Safe Families for Children.	When working closely with Local Authorities we have seen up to 18% reduction of children going into care
4.	EHC plan process in Hartlepool. The children's continuing care process in Tees and how this is aligned to the SEND process.	The child or young person is the focus of the process and remain central through out
5.	HV & SN transferring into LA.	Still a journey however has enabled more flexibility in service delivery by being within the same organisation as many other services which work with 0-19 years.
6.	Gateshead Health and Care System Partnership Health and Well-Being Board	Determination and commitment of all partners strong relationships clarity of purpose i.e. to take a place based approach to meeting needs in a holistic way.
7.	Specific cases where both health and the LA fund a package of care. Currently some of these cases are jointly approached by the social worker and health representative. This ensures all the needs of the child and family are supported and represented. The approach is consistent and expectations are managed appropriately. The outcomes for the child are met and often improved due to collaborative working.	Before collaborative working the needs of the child and family were looked at separately by each area. The outcomes were different for each service and how they were met were not in line with each other's provision of support. Working together meant that the outcomes were streamlined and how they were met was provided by a holistic approach. The families were better supported, their expectations were managed more effectively and the needs of the child were met appropriately taking into account both health and social care needs.
8.	Previously joined working of health and children centres to work together for health promotion in babies and young children.	Joint funding and working for benefit of many families.
9.	Development of Adverse Childhood Experiences focus and Head Start.	Common agenda.
10.	North East and North Cumbria Accelerator Site.	All partners involved from the very start, and involved in the decision making process throughout the process. All partners treated as equal and valued.
11.	Newcastle Progression Forum, which brings organisations together around the themes of learning/employment.	Keeping it simple!

	Good examples of partnership working	Success factors
12.	HALO IAPT Counselling Provision.	Excellent partnership provision and working.
13.	E.g. Dr Glynn Jones visiting paediatrician to Brampton medical practice.	Easy access to paediatrician for support and opinion. Increase in skillset of primary care clinicians Increased confidence / empowerment of primary care clinicians.
14.	Joint working with children's centres to deliver speech and language workshops.	Group working enabled parents to support each other. Reduction on waiting list for SLT.
15.	Examples are Ways to Wellness, Family Gateway; and multiple local and community collaborations.	Collaborative intent and a determination to meet need better in spite of barriers.
16.	Mental health services and school currently work well together in our area, providing schools with a link person they can contact. We provide free training for anyone dealing with mental health services.	The staff are passionate about the work they do and want to make a difference to the area we work in.
17.	YOS in Durham and Darlington.	Good management and relationships between commissioners and providers.
18.	Compass.	One of few services available for secondary age children to address behavioural and more minor mental health issues.
19.	In Co Durham and Darlington, the Specialist Childhood Obesity Service (hospital based) links with community services and CAMHS to address factors leading to, and maintaining, obesity in a collaborative way.	Good working relationships via employment of psychology staff who work between physical and mental health settings and staff within the hospital based service and community settings being committed to working together.
20.	Darlington schools and mental health service for children does as much as they can to improve communication between professionals.	Commitment of the education professionals.
21.	Co-Production workshops in Cumbria. Active engagement with CYP in North Cumbria (learning disability, autism & children looked after). Engagement with non-verbal young people. Health & Education autism films and eBook resources.	Listening to each other!
22.	Up to date computer systems.	Paperless system, up to date current accessible information.
23.	Schools and the services a lot of children can get through them.	Faster than what the GP can provide most of the time.
24.	I am currently working with a charity that is a kinship carer organisation - Grandparents Plus, which is an excellent example of service and support network of kinship carers.	They work across the country and although a more comprehensive evaluation of their services is needed they current support programmes for kinship carers with the objective of strengthening families.
25.	Primary care trainees and GP partner working with Paediatric Rheumatology.	Integration of primary and secondary care, increase education of primary care more widely via trainees providing education to wider community, improve triage and quality of referrals to secondary/tertiary care.

	Good examples of partnership working	Success factors
26.	CAMHS.	Commitment on both sides to understanding the benefits of each other's services. When and how to make effective referrals.
27.	Liaison between paediatricians and health visitors	Greater understanding of roles.
28.	Some of the early help teams have produced really good results I am currently working within an early help team led by local school and I believe it is making a difference for the children and parents within the family.	All team members have the same goal to improve the lives of the children and Joanne Crawford the head of local school has amazing skills in charming and ensuring parents feel good and work towards a good outcome for their children.
29.	Child Accident Prevention Forum Oral Health delivery in the city.	Personalities. History. Commitment to the cause.
30.	Children's Community Nursing teams caring for children after acute discharge.	Relationships have been built across health boundaries.
31.	NHS and Third Sector communication and shared work. Planned service delivery between NHS staff and Social Care.	Integrated thinking, positive outcome for clients and staff investment in the process.
32.	Occasionally CAMHS work well with children's services.	This succeeds when there is a good relationship and good communication between services.
33.	Relationship between Copeland health visitors and Howgill. Relationship between Copeland health visitors and strengthening families team. Relationship between Copeland health visitors and local GP practices. Relationship between Copeland health visitors and local nurseries and schools.	Information sharing. Reducing duplication of work, clear boundaries.
34.	Joint visits between specialist teachers and therapy staff.	Shared messages given, reduced duplication and shows when 2 professionals are not needed.it works because people know each other so understand each other's role and what messages they will be given - this builds up over time and stability in staff - but also capacity to be flexible enough with time.
35.	Work force in Pennine Way school.	Good size team with clear vision.
36.	Good specialist links between community and specialised services in Newcastle.	Good communication.
37.	There is good work and communication between some health services and schools. However this is not as good as it was 10 years ago when an effective school nursing service worked in schools which had a greater impact on children and families.	There was a direct health support available for children and families. This reduced GP consultations but allowed for effective joint working with GPs, HV, SW, YOS, CAMHS, 3rd sector. Integrated working was happening in many areas.

	Good examples of partnership working	Success factors
38.	Community hospital based links with all other health professionals in same building/hub.	Effective use of time and resources on hand /in one place for advice/referrals etc.
39.	Health Transition planning with Tertiary Hospital & Community Children's nursing-Complex Physical Health.	Meeting arranged with professionals to discuss roles, responsibilities and action planning prior to meeting with YP and family.
40.	Multi-professional working is strength within the children's community working groups.	Professionals were easily accessed and were able to support joint working to ensure effective holistic management of care.
41.	Public Health Rise Above website and resources. Engagement with service users / carers to inform mental health plans.	Inclusion and involvement of experts by experience - collaborative solutions.
42.	Sharing office with support staff works well. We also have links into housing and the local police force.	The positive attitude of the people on our office. Not all staff work in this way.
43.	School work closely with local GP.	Because we are located next door to each other.
44.	Health (Speech and language therapist) working alongside educational professionals to improve outcomes for those children in mainstream schools who have additional needs.	Because it met the needs of the child. Identification of communication need that enabled child to be supported more appropriately to access learning.
45.	We had a strategic partnership board with wide membership for CYP with disabilities which had really good potential to represent issues to higher levels, however, due to difficulty with engagement with reporting upwards this has been put on hold. This is an example of excellent partnership working held back by barriers.	It succeeded for a long time and I have put this example forwards as it should be able to work despite changes in configurations of local authority hierarchy.
46.	Health Visitor/midwife although there is area for improvement.	Regular contact and sharing of information.
47.	South-Tees Speech and Language Service working closely with Middlesbrough and Redcar LA's to improve the reports which are produced for EHC Needs Assessments and EHCP Reviews. Sharing knowledge and barriers and working together for each other's benefit which ultimately makes everyone's job easier.	Professionals listened to each other and understood what each service needed. Open and honest dialogue.
48.	Co-location of health and social care teams.	Improved understanding of roles and responsibilities Developed working relationships Joint working Shared/joint resources.
49.	Great links between speech and language and autism assessment. MDT team in complex needs.	Clear communication, well defined roles.
50.	In our GP surgery we have a joint GP/health visiting baby clinic which is a good example of cross sector working.	Both parties on board, parents see the benefits and use the service.
51.	In County Durham there is a good level of partnership engagement through joint working, e.g. healthy child programme.	Partnership working and leadership.

	Good examples of partnership working	Success factors
52.	Young people's consultation groups - not tokenism, but a genuine effort to listen to young people.	See above - seriously listening to the thoughts and suggestions of young people - not just 'box ticking' in order to look impressive!
53.	Physical Literacy - A forum which is looking to increase activity across the day for C&YP predominantly based around the school day.	Clear Leadership. Common Goal. Insight Lead. Good Group Representation From a Mix of Settings Involves C&YP Insight.
54.	Close meetings and feedback from GP's to Paediatricians through GP net meetings and time outs. Currently North Tees ticks all boxes for Facing the future standards for acute care - Community Paediatric set up is being looked into and collaborative work is currently underway.	Hard work - Efficient modelling of the workforce. Attracting and retaining current workforce.
55.	CAMHS in Durham working with the ward, they are excellent with the 24 hour service and always at the end of the phone.	Patients seen and assessed much quicker and increased confidence of staff in the service.
56.	Sharing date between LA Education service and NHS in providing data to support local/national child dental health surveys.	Provides central current information allowing timely access to information required to carry out the dental health survey.
57.	Within the CLP service we integrate hospital CDH and ortho departments well across the region. In Cumberland until late CDS also attended our CLP MDTs which hugely improved information flow between all parties.	Willingness of staff to attend a surgery other than their own with the resources to cover their lost activity.
58.	Strategy meetings and Child Protection conferences.	Because we sat around a table and talked together to share information.
59.	Children's Zone/Children's Communities Social prescribing.	Local credible and respected leadership.
60.	Health visitors and Primary care.	Time and resource invested.
61.	Caring for oncology CYP at end of life.	Vision and belief in value of service, can do approach, dedicated team strong leadership.
62.	Newcastle joint panel of teachers and speech & language therapists to process referrals for school age children with speech, language and communication needs. This was stood down in July 2018.	Ensured only the most needy cases were taken on by specialist SLT's and other children were managed universally.
63.	SEN panel work Early help panel.	Improved communication, access to appropriate service needed.
64.	Early year's education & childcare professionals working alongside health service managers to ensure that services have clear lines of communication and representation at School Readiness Forum.	It is a work in progress - relationships are stronger and there is a collective will to provide a more joined up service for families and children.
65.	Future in Mind. SEND. Autism in Stockton.	Vision, shared commitment, resources, right people

	Good examples of partnership working	Success factors
66.	Early Help Plans and Reviews. In some cases the Early Help reviews enable a multi-agency team to work towards Joint outcomes, problem solve together and have a focused role and tasks to enable those outcomes to be met.	Clear priorities and accountability as well as parents and children directly informing and participating in their plan. This is a local directive and all of the practitioners involved deliver the service directly to the family.
67.	Local children's Hubs seem to be moving in the right direction across Durham but there is still a long way to go regarding the issues I have indicated through this survey.	A lot of VS organisations push themselves forward and make it impossible not to be engaged in local delivery of children's services.
68.	KidzMed - project to make it easier to get medication across the region for children wherever they live CHER education network GP Advice and Guidance service.	Join people up.
69.	0-19 services in Northumberland working into Early Intervention hubs Regional approach to issues such as Resilience project.	EI hub- was successful due to existing partnership working and relationships with local authority. Resilience, although there could be a perception that it was dominated by one trust did succeed in bringing together acute services and allowing consistency with regard to early warning scores.
70.	Asthma, allergy, and sepsis care.	Vision, leadership and persistence.
71.	Links with Education and Health to develop resources which support school self-evaluation and school improvement planning.	Shared vision, values and commitment. Priorities aligned for all stakeholders.
72.	integrated child health services- acute/com paeds and CAMHS in my area helps to develop local joint pathways	organisational arrangements in place and clear authority
73.	Early Help Forum.	Resources and services commit.
74.	1001 Critical Days Think Tank can CLASP (Collaborative Learning and Shared Partnership) in Newcastle.	Strong local leadership. Clear narrative. Engaged and enthused practitioners. Vision. Focus on engaging the workforce.
75.	ASD service development.	Commitment across agencies, specific funding.
76.	Great north children's research community. YPAG.	Good inclusive leadership - both top down steering and bottom up engagement.
77.	Standard practice between CAMHS, schools, social services and voluntary sector, pragmatically solving problems for children.	Because networks of teachers, mental health practitioners, social and other services get to know each other and what each has to offer.
78.	Mbro CAMHS have a multi-agency shared hub to screen referrals and direct as apt. Redcar CAMHS have a good relationship with the Junction.	Senior level backing, Relationships and Co location.
79.	COP and local shared work.	Non hierarchical.

	Good examples of partnership working	Success factors
80.	Local transformation plan implementation group Mental health pathways system transformation work Joint commissioning group for CCC.	Cross agency buy in at all levels and staff given capacity and authority to deliver.
81.	Family Support Team supporting families and children with complex health needs.	Young person able to access school and parental support in caring for siblings.
82.	Nationally, there has been some excellent work in the last 15 years around: working to genuine family priorities, integrating social and healthcare inputs, health and education working very closely together at population (class room/school) level to support all children so as to enable integration. A lot of these examples are from Scotland, and there are also a few demonstration sites in London. We are currently doing work with commissioners in Chester.	They have been genuine partnerships that have integrated the latest research evidence (usually with more evidence generated within the partnership to also inform the work), the front line services and the professionals actually doing the work (so there has been actual change of practice), and the decision makers with power to actually implement the new ways of working.
83.	There are lots of these identified through the ARC application.	Often seem to be based on assertion rather that data demonstrating success so can be difficult to say.
84.	Early days but starting to integrate services within the LA between Children's Public Health and Children's Services however there are also challenges.	Too early to measure impact as yet.
85.	Liaison and Diversion at the point of service delivery. The approach taken by commissioners and services providers at a strategic level is not inclusive.	The good will and expertise of services at the front line.
86.	Statutory work around SEND, Child protection, clinICP for long term conditions e.g. diabetes, epilepsy to name few.	Statutory common framework of working.
87.	Children's centre advisory boards.	Commitment and motivation of key individuals, very dependent on individual relationships
88.	Safeguarding.	Communication from ourselves to safeguarding nurses within the hospital and liaison with social services locally.
89.	Our hospital social workers are based at both hospital and the social work office.	A foot in each camp means they can work effectively across each environment.
90.	Working with primary care and secondary care to deliver a bladder and bowel service.	Close working with CCG and secondary care.
91.	Vulnerable Parent Pathway integrated delivery YAM-CO DURHAM	Aligned objectives, shared outcomes, integrated score cards KPI's.
92.	Early help Locality meetings that asses plans for families, collectively look at most relevant intervention and lead for work.	This process has strategic agreement and is implemented operationally with good success.
93.	Barnardo's 0-19 offer in Byker - great, wrap-around services and enabling of local voices.	Local voices are trusted. Services are not applied AT people.

	Good examples of partnership working	Success factors
94.	Family nurse partnership.	Supports young parents to achieve.
95.	The work of the CCG and LA has improved following the SEND Ofsted inspection with clear accountability and co-produced strategic leadership. The work to develop data sharing is a significant and important step locally and nationally.	Determined effort from both parties, expertise and resilience.
96.	Middlesbrough CAMHS Transformation/Head Start Board (sub-group of the CYPT).	Joint commitment, shared vision, pooled budgets, shared resources.
97.	Newcastle has a Child be Healthy Partnership that aspires to promote integrated working across systems and organisations. There is no pooled finances but there are shared aims and a vision.	Stakeholders meet regularly to address the issues and have key partners involved.
98.	Hartlepool's Mental Health work with schools which is cross agency and discipline. ; Durham YJ Team working with psychologists.	Time and extensive consultation of all the key stakeholders to achieve common agreement on priorities, outcomes and processes. Willingness to learn from each other and recognition that they were stronger together than working as individual agencies.
99.	Paediatricians and GPs running joint clinICP in N Cumbria.	Its only piloting at present but the clinical commitment was essential to making this happen.
100	SPOA and MASH in NY.	Joint meeting to look at referrals and good flow between services. this is due to the service leads working together
101	Developing better links with mental health and paediatrICP where possible. CAHMs attending monthly meeting at UHND to discuss issues/cases monthly and develop working relationship.	Time given for above and staff interested in developing links.
102	Advocate for wellbeing and reliance to be part of day to day life of children to prevent mental ill health where possible.	
103	One point hub system.	Co -location of worker so they get to know each other.
104	Building Resilience in children and young people in education settings (Durham Resilience Programme) positively evaluated independently by University of Brighton.	Cross sector working and whole system focus with 'buy' in from education settings - based on an education model of improvement rather than a medical / health model.
105	School Nurse and school - works really well for us at my school.	Trust, professionalism and skilled people working together who respect each other.
106	Multiagency meetings.	Shared information.
107	The North East & Cumbria Learning Disability Network has some well-established cross sector initiatives to tackle inequalities for people with learning disability including children and young people.	Works across sectors with a work plan determined by local need. Is well established across Cumbria and the North East with excellent engagement of all partners including clinicians, health & care practitioners & providers,

	Good examples of partnership working	Success factors
	We'd welcome the opportunity to collaborate with the Child Health & Wellbeing partnership to further develop this work.	health & care commissioners, families and people with learning disability themselves.
108	Regional public health networks for children, obesity and physical activity, mental health.	Will of senior leaders.
109	County Durham Emotional Wellbeing Network coordinated by Rollercoaster Parent Support Group.	Good networking, relevant and up to date agenda which participants can contribute to, quarterly meetings so people can commit the time.
110	Neonatal network. Epilepsy services. CSA forensic service.	Organised network that is funding and involves staff from across the region (not Newcastle-centred).
111	CYP Mental Health & Wellbeing Alliance: Integrated approach to strategy development and delivery. System-wide design of services.	Co-productive approaches to improving outcomes enable wide stakeholder engagement & ownership.
112	I have set up telephone triage for GPs acute issues in paediatrICP which enables consultation with consultant and aims to reduce unnecessary attendance at secondary care.	Worked with primary care staff from the beginning.
113	Multi-agency monitoring and evaluation groups which regularly audit cases to identify good practice and areas for improvement across all local agencies.	Commitment from all organisations and good leadership
114	Partnership working with a 5 year plan.	Partnership working with a central vision to reduce repetition.
115	Best Start in Life integrated action plan	Partnership around the table responding to the plethora of evidence on the 1001 critical days and its relevance to the whole life course.
116	Integrated Steering Group for Children established.	Work in progress brings identified work streams together for good governance.
117	CAMHS work in The Children's Hub in Hartlepool Borough Council as part of an integrated team. They share their expertise with social workers, support learning and understanding of mental health needs as well as sharing important information about children to information statutory assessment..	North Tees wide approach from strategic leader to set the Children's Hub up.
118	SPOC contact centre working closely with allocated SW and Family Nurse Partnership	Sharing appropriate information/acknowledge individual expertise and knowledge.
119	Northumberland has a strong Physical Literacy group which is working well to improve physical literacy and levels of physical activity across the county. This Partnership includes schools, LA education, PH, our County Sport Partnership and Active Northumberland, our leisure provider.	Because all the partners have a shared vision, enthusiasm, and incentive to achieve the outcomes being pursued.
120	Strategic partnership for disabled children and those with special educational needs in Sunderland. Representation from	This partnership has just been revived and aspires to reflect on the good quality data we have locally about the needs of children and young people

	Good examples of partnership working	Success factors
	commissioners and providers across statutory, private and voluntary sectors with parent carer representative and voice of the child.	with SEND, to develop a work plan that will address the challenges we have identified in our systems and services towards better outcomes for children and young people.
121	CLASP in Newcastle.	Leadership from person in authority and driven professionals.
122	Edberts, North East Counselling Services, Gateshead Neighbourhood Management and Public Health working together in East Gateshead, around preventative counselling, social opportunities, accessing local assets and a holistic approach to childhood obesity. We hope to use some of the learning from this to launch a new place based project in Gateshead this year, as a prototype for a new way of agencies working together in a specific geography with a community with complex needs.	Relationships of trust were at the heart of the partnership. We worked with the community from the outset, listening to their concerns and working with them to help them achieve what they felt was important. Shared, clear vision and understanding of how we were working together, and generosity of time and resources.
123	We have a children's co-production group, strong links across north Cumbria via LSCB and joint commissioning and good links with the third sector.	Shared will and hard work.
124	Work around Troubled families and early intervention.	Info sharing, common goals and agreed priorities.
125	Clinical networks for asthma, epilepsy, diabetes NECTAR RESILIENCE Allergy primary care Diabetes in school	Driven clinicians some extra finances to pump prime support from managerial roles.
126	Integration of Secondary and Community services for health (Although need to add social care and Mental Health).	All part of the same organisation no cultural or financial barriers
127	Child Health Hubs (paediatricians and GPs) within local communities for new paediatric referrals which means children and young people don't need to go to hospital for outpatient appointments.	Just got on and did it rather than worrying to much about processes and barriers.
128	Team work between different disciplines in supporting young people and families.	When advise/support from another discipline, is needed it is achieved.
129	Youth Voice network.	Collective responsibility with Local Authorities.
130	Children's and young people emotional wellbeing strategy group.	Improved communication and relationship between stakeholders, both statutory and voluntary sector. Engagement of children, young people and carers across the system to further inform service development.
131	'Starting Well' programme in North Cumbria.	Co-production with local families via the Maternity Voices Partnership.
132	Cumbria working with Cumbria County Council and third sector to address emotional resilience/young people's mental health - systems change approach.	The bid for resources was led by ourselves who are a third sector organisation but with a steering group made up of locality and strategic representatives from Cumbria County Council and NHS Cumbria (CCG).

	Good examples of partnership working	Success factors
133	Children's community nursing team – Gateshead.	Support from acute, LA, Education. Gateshead strong track record and history of multiagency partnership working.
134	Starting a CPIP cross regions database.	In progress currently but a good example of cross trust working.
135	Opportunity for a fully integrated health service in north Cumbria Conversations with county council re wider integration agenda.	Small area so people do work together - people know each other.

Appendix 6. Reasons for the success of the good examples of partnership working, by category

1. Child and family focused, involved, engaged and supported (12)[2]

- We worked with the community from the outset, listening to their concerns and working with them to help them achieve what they felt was important
- Because it was set up by a group of parents in a deprived area 12 years ago and because we now run 7 such Learning Hubs across Newcastle and North Shields and because of lack of access/IT facilities in community buildings after school/workings hours, we have finally managed to create the same relaxed learning environment on a converted double-decker bus in order to reach more less-affluent areas
- Engagement of children, young people and carers across the system to further inform service development
- Coproduction with local families via the Maternity Voices Partnership.
- Supports young parents to achieve
- The child or young person is the focus of the process and remain central throughout
- Before collaborative working the needs of the child and family were looked at separately by each area
- Group working enabled parents to support each other
- They work across the country and although a more comprehensive evaluation of their services is needed they currently support programmes for kinship carers with the objective of strengthening families.
- Because it met the needs of the child.
- Identification of communication need that enabled child to be supported more appropriately to access learning.
- Seriously listening to the thoughts and suggestions of young people - not just 'box ticking' in order to look impressive!

2. Strong leadership, shared vision, and clarity of purpose, goals and objectives (28)

[2] ( ) denotes the number of reasons given for success under this category. Some respondents gave more than one reason for success.

Strong and good/ local leadership. (9)

- (It hasn't yet but) there is a collective leadership approach which is turning into delivery
- Good inclusive leadership - both top down steering and bottom up engagement (4)
- Local credible and respected leadership
- Leadership from person in authority and driven professionals
- Partnership working and leadership.

Shared vision (9)

- Shared vision (2)
- Good size team with clear vision.
- Vision and belief in value of service.
- Vision, shared commitment,
- Shared, clear vision and understanding of how we were working together, and generosity of time and resources.
- Because all the partners have a shared vision, enthusiasm, and incentive to achieve the outcomes being pursued
- Partnership working with a central vision to reduce repetition.

Clarity of purpose and priorities (10)

- Clarity of purpose i.e. to take a place based approach to meeting needs in a holistic way
- Common goals, agenda, and agreed priorities (3)
- Aligned objectives, shared outcomes, integrated score cards KPI's
- This process has strategic agreement and is implemented operationally with good success.
- North Tees wide approach from strategic leader to set the Children's Hub up.
- Clear narrative.
- Priorities aligned for all stakeholders
- The outcomes were different for each service and how they were met were not in line with each others provision of support. Working together meant that the outcomes were streamlined and how they were met was provided by a holistic approach. The families were better supported, their expectations were managed more effectively and the needs of the child were met appropriately taking into account both health and social care needs.
- All team members have the same goal to improve the lives of the children and Joanne Crawford the head of local school has amazing skills in charming and ensuring parents feel good and work towards a good outcome for their children.
- Clear priorities and accountability as well as parents and children directly informing and participating in their plan.

3. Commitment, enthusiasm, and willingness to change/ work together (gritty determination) (28)

- When advice/support from another discipline, is needed it is achieved
- Driven clinicians
- Just got on and did it rather than worrying to much about processes and barriers
- Worked with primary care staff from the beginning.
- Determined effort from both parties, expertise and resilience
- Will of senior leaders / senior level backing (2)
- Its only piloting at present but the clinical commitment was essential to making this happen
- Commitment and motivation of key individuals, very dependent on individual relationships
- Cross agency buy in at all levels and staff given capacity and authority to deliver
- A lot of VS organisations push themselves forward and make it impossible not to be engaged in local delivery of children's services
- Collaborative intent and a determination to meet need better in spite of barriers
- The staff are passionate about the work they do and want to make a difference to the area we work in
- Commitment (7) e.g.
    - Joint
    - Of the education professionals.
    - on both sides to understanding the benefits of each other's services
    - to the cause
    - of all partners
    - from all organisations
- Can do.
- Dedicated team and partners (2)
- The positive attitude of the people on our office. Not all staff work in this way.
- Both parties on board, parents see the benefits and use the service.
- Willingness of staff to attend a surgery other than their own with the resources to cover their lost activity
- Resources and services commit
- Engaged and enthused practitioners
- Shared will and hard work.

4. Genuine communication, engagement and involvement and sharing of information (28)

- Sharing appropriate information/acknowledge individual expertise and knowledge

- Improved communication and relationship between stakeholders, both statutory and voluntary sector. (2)
- Good networking, relevant and up to date agenda which participants can contribute to, quarterly meetings so people can commit the time.
- Co-productive approaches to improving outcomes enable wide stakeholder engagement & ownership
- Shared information (2)
- Time and extensive consultation of all the key stakeholders to achieve common agreement on priorities, outcomes and processes. Willingness to learn from each other and recognition that they were stronger together than working as individual agencies.
- Stakeholders meet regularly to address the issues and have key partners involved.
- Clear communication, well defined roles. (2)
- The good will and expertise of services at the front line
- Focus on engaging the workforce.
- All partners involved from the very start, and involved in the decision making process throughout the process. All partners treated as equal and valued.
- This partnership has just been revived and aspires to reflect on the good quality data we have locally about the needs of children and young people with SEND, to develop a work plan that will address the challenges we have identified in our systems and services towards better outcomes for children and young people.
- Listening to each other!
- This succeeds when there is a good relationship and good communication between services.
- Information sharing. Reducing duplication of work, clear boundaries
- Shared messages given, reduced duplication and shows when 2 professionals are not needed. It works because people know each other so understand each other's role and what messages they will be given - this builds up over time and stability in staff - but also capacity to be flexible enough with time.
- Meeting arranged with professionals to discuss roles, responsibilities and action planning prior to meeting with YP and family
- Regular contact and sharing of information
- Professionals listened to each other and understood what each service needed. Open and honest dialogue.
- Inclusion and involvement of experts by experience - collaborative solutions.
- Paperless system , up to date current accessible information
- Provides central current information allowing timely access to information required to carry out the dental health survey
- Good Group Representation From a Mix of Settings Involves C&YP Insight
- Because we sat around a table and talked together to share information.
- Communication from ourselves to safeguarding nurses within the hospital and liaison with social services locally.

5. Development of strong relationships, partnership working and networks (11)

- Works across sectors with a work plan determined by local need. Is well established across Cumbria and the North East with excellent engagement of all partners including clinicians, health & care practitioners & providers, health & care commissioners, families and people with learning disability themselves.
- Relationships and co-location
- They have been genuine partnerships that have integrated the latest research evidence (usually with more evidence generated within the partnership to also inform the work), the front line services and the professionals actually doing the work (so there has been actual change of practice), and the decision makers with power to actually implement the new ways of working. It is a work in progress - relationships are stronger and there is a collective will to provide a more joined up service for families and children.
- Strong relationships
- Because networks of teachers, mental health practitioners, social and other services get to know each other and what each has to offer
- Staff interested in developing links.
- Excellent partnership provision and working.
- Good working relationships via employment of psychology staff who work between physical and mental health settings and staff within the hospital based service and community settings being committed to working together
- Relationships have been built across health boundaries
- This succeeds when there is a good relationship and good communication between services.
- Developed working relationships. Joint working.

6. Partnership and close working with statutory and non-statutory authorities (11)

- When working closely with Local Authorities we have seen up to 18% reduction of children going into care
- Support from acute, LA education Gateshead strong track record and history of multiagency partnership working
- In progress currently but a good example of cross trust working
- Good management and relationships between commissioners and providers
- EI hub- was successful due to existing partnership working and relationships with local authority. Resilience, although there could be a perception that it was dominated by one trust did succeed in bringing together acute services and allowing consistency with regard to early warning scores.
- Statutory common framework of working
- Close working with CCG and secondary care
- Collective responsibility with Local Authorities
- The bid for resources was led by ourselves who are a third sector organisation but with a steering group made up of locality and strategic representatives from Cumbria County Council and NHS Cumbria (CCG)

- Cross sector working and whole system focus with 'buy' in from education settings - based on an education model of improvement rather than a medical / health model.
- There was a direct health support available for children and families. This reduced GP consultations but allowed for effective joint working with GPs, HV, SW, YOS, CAMHS, 3rd sector. Integrated working was happening in many areas.

7. Skilled, confident and valued staff and service providers. Roles understood. Staff supported and trust built (10)

- Support from managerial roles
- Increase in skillset of primary care clinicians
- Increased confidence / empowerment of primary care clinicians
- Greater understanding of roles/responsibilities (2)
- Professionals were easily accessed and were able to support joint working to ensure effective holistic management of care.
- (Patients seen and assessed much quicker and) increased confidence of staff in the service.
- Local voices are trusted. Services are not applied AT people
- Trust, professionalism and skilled people working together who respect each other.
- Relationships of trust were at the heart of the partnership.

8. Provision of efficient and accessible services, good use of staff, meets a need (7)

- One of few services available for secondary age children to address behavioural and more minor mental health issues
- Young person able to access school and parental support in caring for siblings
- Faster than what the GP can provide most of the time
- Effective use of time and resources on hand /in one place for advice/referrals etc.
- Hard work - Efficient modelling of the workforce. Attracting and retaining current workforce
- Ensured only the most needy cases were taken on by specialist SLT's and other children were managed universally
- Right people.

9. Close working within or with other organisations and professional groups and agency (6)

- Joint meeting to look at referrals and good flow between services. This is due to the service leads working together

- Still a journey, however, has enabled more flexibility in service delivery by being within the same organisation as many other services which work with 0-19 years.
- All part of the same organisation - no cultural or financial barriers
- Join people up
- Non hierarchical
- Partnership around the table responding to the plethora of evidence on the 1001 critical days and its relevance to the whole life course.

10. Joint funding and proper resourcing (6)

- Joint funding and working for benefit of many families
- Time invested
- Resources, invested, shared, joint (3),
- Specific funding
- Pooled budgets, shared resources. Vision, leadership and persistence
- Some extra finances to pump prime.

11. Ability to access professionals, service providers and agencies and arrangements that help build effective working arrangements (6)

- Easy access to paediatrician for support and opinion
- Because we are located next door to each other
- This is a local directive and all of the practitioners involved deliver the service directly to the family.
- A foot in each camp means they can work effectively across each environment
- Co -location of worker so they get to know each other
- Small area so people do work together - people know each other.

12. Services, agencies and sectors are integrated and organised (5)

- Work in progress brings identified work streams together for good governance
- Integration of primary and secondary care, increase education of primary care more widely via trainees providing education to wider community, improve triage and quality of referrals to secondary/tertiary care

- Integrated thinking, positive outcome for clients and staff investment in the process
- Organisational arrangements in place and clear authority
- Organised network that is funded and involves staff from across the region (not Newcastle-centred).

Appendix 7. Final thoughts from respondents for sharing with the Executive

Education

Education	North Cumbria	Central	South	North	All
Education	We need to work together and support each other to deliver the best possible outcomes for children.	It is fine to streamline services to reduce costs (that is the reality of life today). However, please be mindful that you cannot deliver exactly the same volume and quality of services if you significantly reduce workforce and resources. You need to adjust expectations or you may well put further stress on people, possibly resulting in more need for mental health services. Be realistic and don't pretend it will all be the same. It isn't and it won't be.	I am involved in the development and evaluation of a number of community-based interventions targeting pregnant women and children. I will be happy to share these with your network and learn from the group.	We need to work together and support each other to deliver the best possible outcomes for children	1. This should not be an option, indeed it is shameful that we still operate in silos. 2. That particular attention is given to those with additional needs to ensure true voice is heard rather than assumptions made.
	We desperately more services for young people, particularly in rural and isolated areas.	Let's work together to improve outcomes for children.	This work is vital!	We can't afford not to do this.	We can't afford not to do this.
			There needs to be a mutual respect for	We need to understand the different types and	

Education	North Cumbria	Central	South	North	All
			professionals from different disciplines and a cohesive and well communicated approach to working together for the benefit of children and young people.	groups of young people and families and target collaborative and more tailored approaches to helping them to deal with their barriers and progress.	
			Keep the child or young person at the heart of everything we do.		
			Collaboration is imperative if we are to address the complex challenges in our region.	Joined up thinking across agencies with goals, means and timely outcomes made explicit and consistent.	
			Too many young people suffer due to a lack of resource on the ground; have less 'strategic leads' and more hands on staff in the local community.		
			We need to think creatively about how best to deliver and not continue in the same pathways because this		

Education	North Cumbria	Central	South	North	All
			has evolved. Strategic leadership is key.		

Faith

Faith	North Cumbria	Central	South	North	All
Faith		There is a huge resource of volunteer workforce and expertise within faith organisations and often well-established community relationships that could be utilised within a vision that aims to improve engagement in other services and improve health and wellbeing outcomes			

Mental Health

Mental Health	North Cumbria	Central	South	North	All
Mental Health	Communication is key! Talk to the staff delivering the services to understand how they work and what support or changes may be helpful.	Engagement of all partners - workshops I have attended have had little representation from LA or public health.	Invest in more training re change and resilience to develop true ownership.	Clearer strategy, without competing priorities, and adequate funding to deliver on this is key to achieve better outcomes going forward.	One step at a time - change needs to be evolutionary - bring people on board.
	This questionnaire is too complicated, full of ill-defined terms, I would suggest you complete a better piece of research in order to assess what is required and then see what is needed.	Children do not benefit from being passed from service to service.	We do this job in order to help children and young people and often a lack of resources and integrated working creates barriers to services working together, but at the end of the day we all want the same - for children to be happy and healthy.	Be inclusive to a wide range of people, disciplines and professions all working to achieve good outcomes for children and young people.	
			Children do not benefit from being passed from service to service.	You need to communicate well and keep people informed and on the journey with you. It would be most useful if this could link to national and local priorities and could be driven by young people.	
			The effects of domestic abuse cost the country £66 billion a year, yet only £8		

Mental Health	North Cumbria	Central	South	North	All
			million additional is being invested in children's services this year. This shocking lack of investment to minimise the effects of D.A. on the future generations is an indictment of our society.		
			Need more preventative services to enable staff trained to work with more complex needs to spend more time with young people who have significant mental health needs.		
			The need for mental health support can only be delivered if services pull together and share.		
			Include children		

Mental Health	North Cumbria	Central	South	North	All
			That Children and young people are resilient and with a bit of support can work through their emotional difficulties; they do not have to be medicalised. This is delivered through relationships with workers not formal therapy (in most cases) and staff need to have the time to invest in building relationships. The following are areas we can improve End temporary funding schemes, allow governed mental health services to oversee delivery of mental health services in their area. Ensure ring fenced funding for mental health services in schools (externally controlled), not at the behest of the Head. Public awareness of developmentally normal behaviours in children and more training for staff in this area. Reduce		

Mental Health	North Cumbria	Central	South	North	All
			inpatient beds and allocate.		
			Communicate with everyone.		
			Engagement of all partners - workshops I have attended have had little representation from LA or public health.		
			This goes higher than the network. Needs to be addressed at parliamentary level to make changes. Not to offer treatment/care in silos.		

Health Physical

Health Physical	North Cumbria	Central	South	North	All
Health Physical	Achieving this is not optional - we cannot afford to fail.	There is strength in pooling resources (financial, innovation, etc.) and this success for improving outcomes for CYP depends on dynamic leadership, excellent data and commitment to shared outcomes determined by those CYP and their families...	I think this work is very important to the welfare of children in the community. I'm training to be a GP and I would love to see a more cohesive way of dealing with child wellbeing issues across multiple services by the time I qualify.	Please keep inviting all groups of stakeholders to be party to discussions, and keep disseminating progress regarding planned direction of pathways and any amendments that occur along the way.	We need a clear vision for a system wide model with openness about implications for each organisation.
	Be realistic and simple!	Be realistic and simple!	Be realistic and simple!	Be realistic and simple!	Be realistic and simple!
	Actually listen to what people say.	To provide more easily accessible and streamlined appointments for children.	Working together not separately shared objectives.	Treating the whole child.	Listen and value each other Robust communication Utilize common sense.
	Children to be the priority think of their needs before the organisations.		There is a lack of integrated services for children that are community based. Health visitors are few and far	Child health and wellbeing is the future wellbeing of our Region and country. It really matters.	We need to push transition, young adults are being held back by continuing to be treated in a paediatric environment.

Health Physical	North Cumbria	Central	South	North	All
			between and opportunities for liaising with primary and secondary care seem increasingly few. There need to be more tiers to services for school age children that can be community based and don't involve the need to over medicalise social problems due to lack of community resources.		
	Please include & invite bank staff in/with information of all changes. We cannot be aware of these in any other way. Thank you.	Agreement in place so that any subsequent work and engagement is meaningful.	I think clarity in how the integrated system is supposed to operate and be funded is key.	Improvement of patient care is paramount, reduce bureaucracy, and ensure equity of access across the region. Child health both I primary and secondary care, emergency and elective must be a priority.	Please ensure you explicitly include children and young people with learning disability and take up the offer of collaborating with our well established Learning Disability Network.
	Please try hard not to demoralize skilled staff in the process that you are	Realise that your staff are a bright motivated innovative resource who	Listen, listen, listen - to parents, to young people, to those who work with	Collaborative working is key to making this work for families. Pooling	Make this last - lessons need to be learned from the demise of the

Health Physical	North Cumbria	Central	South	North	All
	embarking on as good morale is key to effective and efficient working.	will come up with lots of ideas and solutions if they don't drown in bureaucracy first.	them - and don't go through the motions; act on and change systems so that they honestly work, not just for one area, but for all.	resources and making good use of what we already have and can expand from there.	previous Child Health Network following the pulling of funding of funds and support in 2015, despite the valiant best efforts of Dr Geoff Lawson to keep it going.
		There is a keenness to work together.	Resources need to come out to the communities. That includes people.		Culture eats strategy for breakfast.
	The focus has to be on prevention as well as the improved care of children and young people and improved experience	Be bold and optimistic - together we really can improve outcomes for all children and young people!	I would like to have a better understanding of mental health services for children and young people.	Please consult families - they know best what they need. They are situated in the middle of it every day and understand better than well-intentioned but paternalistic professionals. Use coproduction - ask families what matters to them - don't assume that professionals know what's good for them.	Good communication to the clinicians working on the front line.
	Listen to the staff.	Be bold and optimistic - together we really can	Sharing information and communicating with each	Need to see what is working There are lots	Need to be clear about what integration /

Health Physical	North Cumbria	Central	South	North	All
		improve outcomes for all children and young people!	other is key. Nobody achieves anything when working as an island.	of informal networks across the region that are not acknowledged in the healthcare system manned by volunteers with no support (e.g. Dr Cheetham's NORPEG group, NEPS North of England Paediatric Society) We also need to join up medical education, nursing education and physician associate so we create a workforce that works across organisations (e.g. ANNPs training that can rotate between centres etc.).	partnership/ network really means it could mean co location, it could mean teams from different organisations being managed by the same person or it could mean a merger .... What do we mean?? 1. need to be clear of purpose keep it simple 2.workin in partnership is hard work 3. No one relinquishes power easily 4. The money will be the cause if disharmony 5. People will love it when it goes the way they want 6. Talk to the real people, the patients, their carers and the front line staff - don't let the "suits" call all the shots it's the real people who know what need to be done 7. children are not mini adults

Health Physical	North Cumbria	Central	South	North	All
	Value health visitors - we are the link between education, children's centres, children's services and general practice. We provide unique universal services to ALL families with a wealth of experience in physical, mental and public health that no other single practitioner can bring.	Clear guidance on how to make this work across organisations and sign up from Chief Execs is essential.	To consider patient journey and safety as paramount in the process of reconfiguration. Community PaediatrICP should be looked at closely during this process.	Really keen to work together. We all want to do the same thing; ensure best outcomes for children and young people. Can we ensure fair representation and leadership across all services?	
	Joint working and sending out a clear message to families that we all work together		Have a safe plan so that there is no post code lottery, and avoid unnecessary child deaths. Care closer to home.	Be bold and ensure that your voice is heard.	
	Acknowledge all professionals unique and effective qualifications and skills.		Everyone within child health wants a system to better coordinate care. Really would like a joint focus between services for families with significant difficulties and a computer	Stop squabbling about whether it is health or social care that is responsible for and pays for something – get it sorted out.	

Health Physical	North Cumbria	Central	South	North	All
			system that allows more effective and timely communication.		
	Promote collaborative & partnership working. .		There is a wealth of expertise within the region and a strong belief in working together across agencies. Professionals are keen to support this but need the commitment from their organisations to make it happen.	Staff on the ground want to work collaboratively.	
	Patient feedback needs to be a priority. Currently very few patient feedback forms are handed out/completed and returned and the information feedback to us is reduced further to just a positive and negative overall percentage for Children's Specialist Services. In order to effectively support the		We have made all these plans and written pathways before we need to stop talking about what needs to happen and start doing.	Need help in advocating for more resources.	

Health Physical	North Cumbria	Central	South	North	All
	patient's in our community we need to communicate better and listen to their views.				
	End the PFI at NCUH which has led to the merger of the two Trusts after 10 years of problems with CIC - the continued use of such will only ever mean continued reduced resources.		Our children and young people live in an area which has the worst outcomes especially in terms of emotional and mental health this must be addressed as a priority.	Child First and Always!	
	Be realistic and simple!		Professionals to meaningfully deliver care and services around a child and young person's needs rather than what they are able to or prefer to.		
	To remember the needs of vulnerable children in isolated areas, when the national focus tends to be		Agreement in place so that any subsequent work		

Health Physical	North Cumbria	Central	South	North	All
	on those in London and major cities.		and engagement is meaningful.		
	Don't get distracted by finessing strategies...get on with the job of developing effective networks and listen a lot!		Share information.		
	We must put children and young people at the heart of everything we do. We need to create passion to do the very best for them and of course what better way to do this than get them to develop the agenda for us.		Just do something instead of talking about it or getting survey monkeys sent out.		
	A small isolated area needs to work closely with others to innovate and change - the network will give opportunities for sharing and taking the agenda forwards.				

Local Business

Local Business	North Cumbria	Central	South	North	All
Local Business		1. Please involve young people and families in every step of the process (there is lots of people out there who would love to help, they just need the opportunity) 2. Make integrated working essential, if it's only an option many people won't do it.			1. Please involve young people and families in every step of the process (there is lots of people out there who would love to help, they just need the opportunity) 2. Make integrated working essential, if it's only an option many people won't do it.

Other

Other	North Cumbria	Central	South	North	All
Other	We need more staff working on the ground and less managers that have lost touch of how it is on the front line.	Look upstream and don't allow shiny expensive things to consume the resources that would provide better value for the population.	Keep the child and young person at the focus of the journey and develop a market place to meet their needs.	Please use empirical evidence on what works to drive the agenda- community based, preventative services pay dividends.	We need to support children and families better, we need to focus on preventing problems from arising, we also need

Other	North Cumbria	Central	South	North	All
					proportionate universalism.
	Get enough staff and reduce the "paper" work time.	More streamlined processes and communication.	Integration is fundamental and we need to get it righ.t	The wellbeing of children and young people encompasses a wider range of attributes beyond health and education. Focusing only on provision of 'services' risks ignoring activities that people can do for themselves with the right support, encouragement and elimination of barriers.	
	There are, historically, some very destructive and unhelpful professional divisions and rivalries in community services in the region - to succeed in providing better support for children and families these need to be acknowledged and dealt with. There is also the	Build from Place-base, aggregate upwards identifying wider system alignment and priorities rather than starting at ICP level and implementing down.	I hope that the network can recognize that there is a world beyond health and that engagement and joint working goes beyond surveys such as this and sending out irrelevant minutes and holding conferences. There needs to be a greater and meaningful engagement	We must improve services for children under three. It is important to support the families of these children who appear unable to support themselves for one reason or another. Mental health services must be improved, for children and parents. We should increase parenting	

Other	North Cumbria	Central	South	North	All
	need to genuinely ensure the middle level leaders are competent in driving the change - there are even recent examples of these leaders getting commissioners to pay for interventions and training that, in national best practice guidelines, have been recommended for no longer to be used.		with all services in commissioning, planning and service development.	groups and support. Anti-natal groups should be encouraged for ALL mother especially first time and teenage mothers, even if incentives have to be paid.	
	Listen to the public.	Focus on outcomes for our little people and families.	Focus on outcomes for our little people and families.	For some time now we have 'de-normalised' active environments which can offer opportunities for children to play, have fun, build friendships and be happy. Obesity is just one of the downsides of not moving more, more often. However, children's happiness and wellbeing should be the priority for driving this agenda forward. To do so we need to create safe, child friendly environments where children feel drive	

Other	North Cumbria	Central	South	North	All
				towards and associate with a sense of excitement, adventure and life long memories.	
	Please don't try and replace the good work that is happening locally. From a public health perspective, it is difficult to coordinate meaningful change at ICP level.	Engage with local providers like health visitors and midwives etc., “doing the doing" with SMART objectives.	It is heartening to hear that the network is attempting to address this issue. The fragmentation of health delivering has meant some of the pre-existing networks e.g. PCT, Strategic Health Authority have been lost and not replaced. Health services now being commissioned with council and private providers has left a gap in joined up working.	Looking forward to effective shared partnerships being strengthened and developed. It may be strong partnership's already exist but I am not aware of them.	
			Network" is a verb as well as noun. It is how we work together at the grass roots that matters, not how we are structured.	At a time when Children's mental health seems to deteriorating, the services to support families are absent and only seem to be available to those with severe problems	

Other	North Cumbria	Central	South	North	All
			Put the child at the centre of any work. Develop innovative and new ways of putting children I the driving seat of the planning and delivery of the services that they need. Listen to the unfiltered voice of the child at every level.	There are, historically, some very destructive and unhelpful professional divisions and rivalries in community services in the region - to succeed in providing better support for children and families these need to be acknowledged and dealt with. There is also the need to genuinely ensure the middle level leaders are competent in driving the change - there are even recent examples of these leaders getting commissioners to pay for interventions and training that, in national best practice guidelines, have been recommended for no longer to be used.	
			It needs pace and more action than words.	The current tendency in the NHS to wish public health, including 0-19 services, back from local authorities is misguided. We are still early in	

Other	North Cumbria	Central	South	North	All
				developing the potential of the new configuration and there are good things happening despite the cuts.	
			Be creative and flexible.	Successes that happen are where open and honest relationships are formed to enable communication to be effective. It is important to have robust processes however connections with people are the foundation to successful collaborative working.	
				Think wider than fitting existing services together. Think particularly about community safety and young people's vulnerability ... radicalisation, gangs, grooming, HBV, DV.	

Other	North Cumbria	Central	South	North	All
				We are all here to improve outcomes for children and families and therefore are all equal.	
				There are a huge number of regional meetings and networks. We have a shrinking resource. In order to release people to participate there has got to be demonstrable benefit for those involved.	
				Engage across all sectors in the system invest time to bring everyone on board and listen.	
				Ensure smaller providers are included in any future developments, not just the larger foundation trusts.	

Other	North Cumbria	Central	South	North	All
				To continue to work towards the best outcome for the young person.	

Social Care

Social Care	North Cumbria	Central	South	North	All
Social Care		Think foster carer!	Listen to children and young people, be open to new ideas and be willing to give resources / work up to partners where appropriate.	The vision is essential however over the years we have lost valuable time and energy attending workshops and consultations looking at restructuring services to end up with something that is exactly the same as a service we lost 10 years ago. I understand the financial constraints however if you go big and generic everything could potentially get diluted even further. The gaps	To listen to CYP and parents who usually don't mind where the help comes from as long as it is timely, effective and responsive to their needs. Organisational boundaries matter less in those circumstances.

Social Care	North Cumbria	Central	South	North	All
				must be addressed as a priority.	
				Agree the direction of travel, lift your heads, fix your eyes on the horizon and set sail with confidence and determination.	
				It is very import that we work together to achieve better outcomes for children and their families.	

Voluntary Sector

Voluntary Sector	North Cumbria	Central	South	North	All
Voluntary Sector	Please retain more qualified and experienced staff on the ground, who will stay in the	Be open to change. Embrace different ways of working and don't be afraid to try new ways of	Understand when and how to access the benefits of non-clinical	Understand when and how to access the benefits of non-clinical	Pull down the walls of the silos and work together. Implement a War on Waste exercise to cut out

Voluntary Sector	North Cumbria	Central	South	North	All
	communities to develop working together as a matter of course.	working. Embrace the vitality and commitment of the VS and learn from the local knowledge they bring to mainstream services. Support and invest in the VS as there delivery models are much more cost effective	interventions that support young people.	interventions that support young people.	wasted time and wasted resources. Ask the people at the front end. They need a good listening to!
	Working together has huge benefits - we make best use of limited resources. Partners in the third sector have a role to play in bring in funding that will provide additionality to statutory services.	Conviction	Conviction	Conviction.	Don't just Listen to families, hear them!
	Working together can be achieved if we keep the health and wellbeing of children, young people and families at the centre of our decision making.	Better communication of the services available to children and families, break down the barriers and stigma about children and families accessing support and promote positive examples of good practice as we often hear		Be open and prepared to make significant changes.	Keep engaging us all.

Voluntary Sector	North Cumbria	Central	South	North	All
		the negative stories as people who are doing a good job don't have time to blow their own trumpet.			
				We need to stop failing our children and young people and ensure that everyone has the best start in life.	
				I think the more that can be done to enable tier 3 and tier 4 to work more collectively the better.	
				Be honest at the beginning, that from these consultations, only a few will be selected to be involved in the CO-creation of services for the funding application.	

Voluntary Sector	North Cumbria	Central	South	North	All
				I believe the biggest priority should be on implementing a shared data system to improve communication and information sharing. This has been discussed for several years with no apparent progress. In my experience, highly skilled and experienced practitioners are being restricted and frustrated by red tape between agencies.	
				We are committed to partnership working and to improving the lives of children and young people in Gateshead, and would love to be involved in any new initiatives that are emerging, if it was felt that we could have a useful part to play.	

The analysis of the Child Health and Wellbeing survey was undertaken by the independent company Quintessent Ltd (March 2019)