



North East and North Cumbria
Child Health and Wellbeing Network

Good practice to share
Professionals Survey:
Examples of child health and wellbeing
partnership working and reasons for
success

April 2019



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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.

Dr Mike McKean

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Introduction

This document details examples of Child health and Wellbeing partnership working put forward by respondents who completed 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 of the findings of the survey will provide a point of reference for the Child Health and Wellbeing Network Steering group, stakeholders and wider community of healthcare professionals, with regard to developing their future programme of work, support and development. These examples and the reasons for the success of many of them form part of the resources underpinning the results of the survey.

The good practice intelligence is presented within three main tables:

- Table 3: Examples of good practice identified by respondents.
- Table 4: Good examples of partnership working and reasons for their success.
- Table 5: Reasons for the success of the good examples of partnership working, by category.

Background

Between January and the end of February 2019, 557 professionals completed the questionnaire. As Table 1 shows, the greatest number of respondents (56%) were from the health sector. Six percent were from social care and 10% from both the voluntary sector and education. Seventeen percent of respondents defined themselves as belonging to a group that was not one of the options on the survey ('other'). These included 27 people from local government/authority services such as health visiting, public health and children's services and 14 from health and social care services and therapies. Only 1% of respondents were from the non-statutory sectors such as faith groups, local business and housing. A full breakdown of survey respondents is in the detailed report.

The survey covered four integrated care partnership (ICP) areas.¹ The largest number of respondents worked in the North ICP. The distribution of respondents broadly reflects the respective populations and expected number of professionals delivering services and care in that ICP area.

¹ North Cumbria, Central, South and North

**Table 1. Distribution of responses by ICP area**

ICP and area (n = 550)	% of respondents	Number of respondents
North Cumbria (covering Cumbria County Council geography)	17%	93
Central (covering South Tyneside, Sunderland and County Durham Council geographies)	18%	98
South (covering County Durham, Hartlepool, Stockton, Middlesbrough, Redcar & Cleveland and North Yorkshire Council geographies)	27%	150
North (covering Northumberland, North Tyneside, Newcastle and Gateshead Council geographies)	39%	216
All	8%	42

The survey was developed by members of the Child Health and Wellbeing Network Leadership Team.

Examples of current Child Health and Wellbeing partnership working

Respondents recorded 157 examples of current child health and wellbeing partnership working. This will provide a rich source of intelligence and starting point for the collation and sharing of good practice in this area. The table below summarises the geographical and sector spread of these examples.

Table 2: Distribution of good examples of child health and wellbeing partnership working by sector and IPC area

	North Cumbria	Central	South	North	All	Not Known	Total
Education	1	3	6	3	1		14
Mental Health	2	2	12	4	1	1	22
Local Business		1			1		2
Health Physical	14	10	14	17	4		59
Other	8	7	8	15			38



Social care			1	3			4
Voluntary Sector	1	2	2	9	4		18
Total	26	25	43	51	11	1	157

The full list of the examples of good practice by sector and IPC area is detailed in t Table 3.

Success factors

When respondents were asked why the example they gave succeeded, 135 of them responded and from the analysis of their answers 12 themes emerged;

- The presence of strong leadership, shared vision and values and clarity of purpose, goals and objectives (28)
- That commitment, enthusiasm, and willingness to change/ work together. Gritty determination was key to the success of many of the projects cited (28)
- Genuine communication, engagement and involvement and sharing of information (27)
- The importance of putting the child and family at the centre of the service, focused, engaged and supported (12)²
- Partnership and close working with statutory and non-statutory authorities (11)
- Development of strong relationships, partnership working, and networks (11)
- Skilled, confident and valued staff and service providers. Roles understood. Staff supported and trust built (10)
- Joint funding and proper resourcing (6)
- Close working within or with other organisations and professional groups and agency (6)
- Services, agencies and sectors are integrated (5)
- Ability to access professional, service providers and agencies and arrangements that help build effective working arrangements (6)

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



A full list of the examples of good partnership working together with reasons for their success are presented below in Table 4, together with a full list of the reasons for success, by category in Table 3.

These examples together with the reasons for their success provide a rich source of intelligence and starting point for the collation and sharing of good practice in this area.

Note:

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 CYPF and their ideas as to how to move forward.



Table 3: 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.		



Mental Health

	North Cumbria	Central	South	North	All	Not Known
Mental Health	<p>NHS and Third Sector communication and shared work.</p> <p>Planned service delivery between NHS staff and Social Care</p>	<p>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</p>	<p>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</p>	<p>Local transformation plan implementation group Mental health pathways system transformation work Joint commissioning group for CCC</p>	<p>Public Health Rise Above website and resources. Engagement with service users / carers to inform mental health plans.</p>	<p>Advocate for wellbeing and reliance to be part of day to day life of children to prevent mental ill health where possible</p>
	<p>Occasionally CAMHS work well with children's services</p>		<p>ASD service development</p>	<p>CLASP in Newcastle</p>		
				<p>Darlington schools and mental health service for children does as much as they can to improve communication between professionals.</p>	<p>Standard practice between CAMHS, schools, social services and voluntary sector, pragmatically solving problems for children.</p>	



	North Cumbria	Central	South	North	All	Not Known
			Development of Adverse Childhood Experiences focus and Head start	Team work between different disciplines in supporting young people and families		
			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			



	North Cumbria	Central	South	North	All	Not Known
			SEN panel work /Early help panel			
			SPOA and MASH in NY			
			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 paediatric ICP 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 paediatrics 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, clinic 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		<p>net meetings and time outs.</p> <p>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.</p>		
	<p>Relationship between Copeland health visitors and Howgill.</p> <p>Relationship between Copeland health visitors and strengthening families team.</p>	Diabetes Network	I have set up telephone triage for GPs acute issues in paediatrics 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	
	<p>Relationship between Copeland health visitors and local GP practices.</p> <p>Relationship between Copeland health visitors</p>	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, clinic for long term conditions e.g. diabetes, epilepsy to name few	



	North Cumbria	Central	South	North	All
	and local nurseries and schools.		improvement across all local agencies		
	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 paed 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		Statutory work around SEND, Child protection,	Great links between speech and language and	



	North Cumbria	Central	South	North	All
	links across north Cumbria via LSCB and joint commissioning and good links with the third sector		clinic for long term 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		



	North Cumbria	Central	South	North	All
	Joint working with children's centres to 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	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	Great north children's research community. YPAG



	North Cumbria	Central	South	North	All
	<p>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</p>			<p>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.</p>	
	<p>Joint visits between specialist teachers and therapy staff</p>	<p>CYP Mental Health & Wellbeing Alliance: Integrated approach to strategy development and delivery. System-wide design of services</p>	<p>EHC plan process in Hartlepool. the children's continuing care process in Tees and how this is aligned to the SEND process</p>	<p>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.</p>	
	<p>Liaison between paediatricians and health visitors</p>	<p>Family nurse partnership</p>	<p>Future in Mind , SEND, Autism in Stockton</p>	<p>Physical Literacy - A forum which is looking to increase activity across the day for C&YP</p>	



	North Cumbria	Central	South	North	All
				predominantly based around the school day.	
	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 N 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	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	



	North Cumbria	Central	South	North	All
			approach is consistent and expectations are managed appropriately. The outcomes for the child are met and often improved due to collaborative working.	prevention and early intervention.	
			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 data 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	



Table 4: Good examples of partnership working and reasons for their 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 throughout.
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.
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!



	Good examples of partnership working	Success factors
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 data 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
66.	Early Help Plans and Reviews. In some cases the Early Help reviews enable a multi-agency team to work towards Joint outcomes, problem	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.



	Good examples of partnership working	Success factors
	solve together and have a focused role and tasks to enable those outcomes to be met.	
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 paed 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.
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.



	Good examples of partnership working	Success factors
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 than 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 assess 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.
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	Determined effort from both parties, expertise and resilience.



	Good examples of partnership working	Success factors
	leadership. The work to develop data sharing is a significant and important step locally and nationally.	
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 paediatrics 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. We'd welcome the opportunity to collaborate with the Child Health & Wellbeing partnership to further develop this work.	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.
108	Regional public health networks for children, obesity and physical activity, mental health.	Will of senior leaders.



	Good examples of partnership working	Success factors
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 paediatric 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 commissioners and providers across statutory, private and voluntary sectors with parent carer representative and voice of the child.	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.
121	CLASP in Newcastle.	Leadership from person in authority and driven professionals.



	Good examples of partnership working	Success factors
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.	Coproduction 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).
133	Children's community nursing tem – 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.



	Good examples of partnership working	Success factors
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.

Table 5. Reasons for the success of the good examples of partnership working, by category

1. Child and family focused, involved, engaged and supported (12)³

- 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)

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)

³ () denotes the number of reasons given for success under this category. Some respondents gave more than one reason for success.



- 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 too 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).



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

