North East and North Cumbria

Child Health and Wellbeing Network

Survey Report –

Professionals' Survey

April 2019

Join our Journey

North East and North Cumbria

Quintessent Ltd

Consultancy for Improvements in Care

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Appendices- are attached as a separate document

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

Clinical Director Children's Services - The Great North Children's Hospital
Clinical Lead for Child Health and Wellbeing – Integrated Care System

1. Highlights

- 557 professionals from across the North East and North Cumbria contributed to this survey
- A wide range of professional groups and sectors were represented from across the four Integrated Care Partnerships (ICP)
- Certain sectors, such as housing, business and faith groups were underrepresented.
- The voice of the child young person and family was not included and is being gathered in a separate piece of work.
- There is a clear steer from the findings of the top priorities: **mental health, poverty and children living in low income families, and children with additional needs**
- These priorities are reflected in the report analysis by sector and ICP areas
- These priorities have been fed into the first draft of the Networks priority model
- The top driver for change, identified by respondents, was the **'increasing recognition that there needs to be a more integrated approach at local level that makes use of all available assets'**
- The highest ranked barriers to successful cross sector working, and which need to be addressed, were **no clear method (to work together as a system), lack of data sharing, and lack of shared finances**
- There was strong support for all the benefits to successful cross system working listed in the survey, and in particular the **achievement of better outcomes and utilisation of existing resources** as important drivers for the Network to focus upon.
- Many examples of **good practice** were shared and the reasons for their success given. The top two themed reasons were **the presence of strong leadership, shared vision and values and clarity of purpose, goals and objectives** and **commitment, enthusiasm, together with willingness to change/ work together from all those involved.**
- The survey has positively increased the Networks profile, contacts and membership. Its messages and learning contained in a suite of four documents will be used in the future work of the Network and freely available via its website, for those within the system

1. Background and context

This report provides an independent evaluation of the findings of an online survey commissioned in January 2019 by the North East and North Cumbria Child Health Clinical Network programme of work to improve child health care, services, and outcomes. It presents a summary of the key findings which will provide a point of reference for the Child Health Network Steering group, stakeholders and wider community of healthcare professionals, with regard to developing their future programme of work, support and development.

The Network aims to achieve meaningful and realistic plans for engagement across and in the four Integrated Care Partnership (ICP) areas to effectively design and deliver improved outcomes for children.

The aims of the Child Health and Wellbeing Survey were to;

- Understand priorities across system
- Understand challenges and benefits to partnership working
- Grow our network (respondents asked to join network)
- Identify example of good practice.

Use the analysed data to;

- Develop and produce related reports to share across the child health and wellbeing system.
- Develop a full summary of the analysis for the senior leadership team
- Develop a summarised report for publication (soft and hard copy) and sharing across the system by the end of the financial year
- Develop a report to share examples of best practice by service initiative for the system to be aware of by the end of the financial year.

The findings and recommendations will be used to inform the knowledge, programme of work and future direction of the Network

Process and Methodology

The survey was developed by members of the Child Health and Wellbring Leadership Team and was sent to known stakeholders across the North East and North Cumbria, who were asked to cascade it across their networks and partnerships.

The purpose of the on-line survey was to gather feedback and views from stakeholders on what they felt should be the key priorities, drivers for change and strategies to overcome barriers to successful cross system working. It also sought to collect examples of good practice.

The questionnaire was completed by 557 practitioners and stakeholders between January and the end of February 2019

Scope of questionnaire

Respondents were asked for their views, suggestions and ideas on the following areas:

- Priorities for Children and Young people (up to 18 years of age[1])
- Drivers for change
- Barriers to cross-system working in child health and wellbeing
- Benefits to cross-system working
- Good examples of Child Health and wellbeing partnership working currently in place and reasons for success

Constraints:

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.

[1] The network has since extended its scope to up to 25 years

3. Summary of the findings

The results of the survey were analysed by the total number of responses for each question, by the sector respondents indicated they worked in, for example, mental health or voluntary sector, and the integrated care partnership area in which they worked, for example North ICP.

3.1 **Profile of respondents**

Completed questionnaires were received from 557 professionals, users and carers. The greatest number of respondents (56%) are from the health sector (physical and mental) with very few from the non-statutory sectors such as faith groups, housing, the private sector, charities and users/ carers and parents.

3.2. **Analysis by profession and predominant role**

Half of respondents (50%) are health professionals reflecting the profile by sector, with the predominant role being the operational delivery of services for children and young people. Only two respondents categorised themselves as a carer.

3.3. **Analysis by ICP Area**

The largest number of respondents indicated their work base as being in the North ICP area (39%) followed by the South ICP area. The distribution of respondents broadly reflects the respective populations and expected number of professionals delivering services and care

3.4 Priorities for children and young people (up to 18 years)

3.4.1 Respondents choose the following five priorities, from a list of 27 priorities, as being the most important:

- Mental health
- Poverty –children living in low income families
- Children with additional needs (learning and Physical disabilities)
- Health promotion and prevention of illness
- Equitable access to Services including mental health services.

59% of the 497 people who responded selected **mental health** as their top priority followed by issues around **poverty** and **children with additional needs (learning and physical disabilities)**

3.4.2 **Mental health**, **poverty – children living in low income families**, and **children with additional needs (learning and physical disabilities)** were selected as top priorities across all sectors and ICP areas

3.4.3 When respondents were asked if were asked if there were any other priorities not included in the list of 27 priorities identified in the survey; 141 people (25% of total respondents) put forward 147 suggestions which were grouped into 19 categories and which identified the top six priorities (by number of suggestions) as;

- Improving child wellbeing and resilience
- Increasing early intervention services
- Improved access to services
- Better support for families and carers[2]
- Better joined up services and
- Services for pre-conception/ pregnancy and early motherhood**.**

3.4.4 When the priorities put forward by respondents are analysed by sector; the top priority; **improving child wellbeing and resilience** –is reflected across all sectors. Some priorities are sector specific, for example, **improving access to education and employment** is a priority flagged up by respondents in the Education sector only.

3.4.5 When respondent priorities are analysed by ICP area; i**mproving child wellbeing and resilience** features strongly as a priority in the North ICP, improved **mental health services** is a top priority in both the South and Central ICP, reflecting their selection of mental health as a top priority in the questionnaire**. Improved access to services, services for pre-conception/ pregnancy and early motherhood**, and **safeguarding** are highlighted for North Cumbria.

3.4.6 Whilst there are differences between the priorities forward by the Child Health Network and those suggested by respondents, there is also a degree of synergy and overlap. The results give a clear steer as to which of priorities listed in the questionnaire have the greatest importance for respondents and around a quarter of the additional priorities put forward by respondents add to and complement these top priorities.

3.4.7 The findings also draw attention to the need to increase the coverage of and feedback from under-represented groups e.g. housing, faith and business to fully test the priorities and ensure a potential key area of support from the Network is not missed.

3.5 **Drivers for change:**

The Network defined four key drivers for change and asked respondents to agree or disagree whether these drivers for change applied to their local area. Respondents (495) strongly agreed that all four drivers for change applied in their areas. The top driver for change was the **'increasing recognition that there needs to be a more integrated approach at local level that makes use of all available assets'.**

3.5.1 All the ICP areas (comparing total number of respondent scores) gave their highest 'strongly agree' score for the driver - **'increasing recognition that there needs to be a more integrated approach at local level that makes use of all available assets'.** Whilst there is little to differentiate, in terms of strength of agreement between them, when analysed by sector, the picture is more mixed with no one driver being dominant across all the sectors.

[2] Respondents gave equal weight to the last three priorities

3.6 **Barriers to cross-system working in child health and wellbeing**

3.6.1 From a selection of seven barriers to cross system working, respondents chose the following top three;

- No clear method (to work together as a system)
- Lack of data sharing
- Lack of shared finances

This is reflected in the analysis by sector (with the exception of those in the mental health), with the inclusion of **bureaucratic processes** as a third choice barrier for those in the education, mental health and the voluntary sector. Similarly, the distribution of choices is similar across the ICP areas, with the inclusion of '**bureaucratic processes'** as a third choice of barrier in Central, North and South ICP areas.

3.6.2 Respondents were invited to give reasons for their choice of top barrier. Out of 346 responses, most of the reasons are directly related to the barrier itself, for example, concern around data sharing was a reason for selecting lack of shared data. One reason, common to all of the three top barriers, is personal experience. Problems with and the need to improve communication are also common themes.

'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'.

'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'.

'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…… '

3.6.3 Respondents were asked if, in addition to those listed in the questionnaire, there were any other important barriers to cross system working**.** 164 responses were received and grouped into 15 categories. The barriers put forward by respondents broadly reflect the list of barriers identified by the Network.

The majority of respondents' responses were around **finance issue**s, the need to understand professional roles and range of services, the **lack of strategic vision;** both national and local and the **lack of coordination, shared purpose, integration.** Issues around **capacity and demand** and **communication** were also cited as major barriers, together with the **incompatibility of IT systems.**

3.6.4. Respondents selected the following three options for the network to focus on to address the barriers to cross-system working: **'have authority from all organisational leaders to work together', 'have a clear and cohesive plan',** and **'better recognition and understanding all available assets and services that currently engage with**

children and young people'. The option with smallest number of responses overall was to **'agree priorities through local workshops'**

3.6.5 When analysed by sector, these options are also reflected in the first, second and third choices across all categories. For those who classify themselves as working in the mental health, health physical, local business, social care, and voluntary sectors; '**better recognition and understanding all available assets and services that currently engage with children and young people'** remains their top barrier. For people working in the health physical field, this area of focus was their first and second and third choice. For education and those in the 'other' category, a focus on '**having authority from all organisational leaders to work together'** was the most important choice.

3.6.6 When broken down by individual ICP area; Central and South and All ICP areas identify **'having authority from all organisational leaders to work together'** as their most important area to focus on. For the North ICP it is **'better recognition and understanding all available assets and services that currently engage with children and young people'** and for North Cumbria the need **'to have a clear and cohesive plan**'.

3.6.7 Respondents were asked to put forward suggestions as to what else could facilitate better cross-system working. Nearly 100 suggestions were put forward by respondents which were grouped under 12 categories. The three categories with the greatest number of responses are;

- Focus on specific areas of development/ change
- Engagement and involvement with all stakeholders including children and their families and carers
- Better and more effective communication.

Whilst the numbers in each category is relatively low they provide helpful information on potential areas to address when looking at strategies to reduce barriers to cross-system working.

3.7 Benefits of cross system working in child health and wellbeing:

3.7.1 Overall, respondents agreed with all the six benefits listed in the survey. Slightly higher number of responses are recorded for '**better outcomes can achieved'** and **'better utilisation of existing resources',** and this also broadly reflected in the distribution of scores across the individual sectors and ICP areas.

3.7.2 When looking at the distribution of benefits by sector, the **'achievement of better outcomes'** for respondents in the education, 'other', social care, and voluntary sectors is seen as a key benefit. For those in mental health the '**benefits of shared expertise'** is marginally higher than the other benefits and for health physical respondents **'better utilisation of existing resources'** scores the highest.

3.7.3 By ICP area, again the highest scores (overall) are for the **'achievement of better outcomes'**. Those working in the South ICP area also highlight the '**better utilisation of existing resources'.**

With a differential of only 56 responses (15%) between the highest and the lowest scores, the results suggest all the benefits are of equal importance to those respondents who answered the question

3.7.4 Respondents identified around 50 additional benefits of cross system working which fell under 10 categories, many of which overlap with the above benefits. The top three benefits (by number of suggestions) are;

- Improved efficiency of services and use of resources
- A person centered approach and greater engagement with clients, parents and carers
- Effective whole team, collaborative and cross boundary working

Whilst the additional benefits only represent 9% of respondent views, they reinforce and enhance the results from the survey, for example the synergy between better utilisation of existing resources and improved efficiency of services and use resources, and the importance of putting the child at the heart of any services and decision making.

3.8 Examples of current Child Health and Wellbeing partnership working:

157 examples of good practice were recorded. When asked why the example succeeded, over 132 reasons were given and from these 12 themes emerged, the most populated themes being;

- The importance of putting the child and family at the centre of the service, engaged and supported
- The presence of strong leadership, shared vision and values, and clarity of purpose, goals and objectives
- Commitment, enthusiasm, and willingness to change/ work together
- Genuine communication, engagement and involvement and sharing of information

These examples of current partnership working, 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

3.9 Final thoughts

Respondents were asked for any final messages that they would like to share with the Network. The list is very comprehensive and reflects the concerns around and ideas for improving child health and wellbeing and expectations for the Network, from around a third of respondents. In particular, the need to place the voice of children and their families at the heart of decision making. There was a sense of urgency in some of the comments about the need to 'stop the talking and just get on with it' and the need to keep everyone involved and positively engaged. Additionally, respondents highlighted a number of concerns and areas for improvement and development reflecting those already highlighted in previous sections.

3.10 In summary; the aims of this survey were to:

- Understand priorities across the system;
- Understand challenges and benefits to partnership working;

- Grow the network; and
- Identify examples of good practice.

The results highlight the priorities of most importance for the 557 respondents and what their perceptions are of the challenges and benefits are to partnership working for child health and wellbeing. A long list of examples of good practice will be shared in a separate document. Undertaking the survey itself has naturally grown the network of people keen and interested in child health and wellbeing

However, the results show some sectors were not well represented in the survey, for example charities and social enterprises. It was also not designed to capture the views and ideas of CYPF. It is suggested that future surveys and engagement:

- Include the voice of the child, parents and carers;
- Improve and refine categories and professions/roles to reflect the range of sectors and professions/roles; and
- Improve representation: particularly housing, charity, faith, business, voluntary, public /private partnerships.

4. Detailed Findings

4.1 Profile of respondents:

Completed questionnaires were received from 557 professionals, users and carers. Respondents were asked to categorise themselves by sector and ICP area.

The distribution by sector shows the greatest number of respondents are from the health sector (physical and mental with very few from the non-statutory sectors such as faith groups, the private sector, charities.

The largest number of respondents indicated their work base as being in the North ICP area. Distribution of responses by area broadly is broadly in line with expected distribution.

3.1.1 Representation by sector:

Respondents represented the following sectors and professional roles as described in Tables 1 and 2 below

Table 1: Analysis of responses by Sector

Sector	No. of Responses	
	%	Total No
Health Physical	45%	251
Health Mental	11%	61
Education	10%	53
Social Care	6%	35
Housing	0.4%	2
Faith Group	0.4%	2
Local Business	0.2%	1
Voluntary Sector	10%	54
Other[3] (please specify)	17%	96
	Total	555[4]

The analysis shows a high proportion of respondents from the 'physical health sector (45%) followed by professions identifying themselves as working in the mental health sector (11%).

[3] Under 'other sector' respondents specified a range of roles and sectors: these have been grouped under headings described in Table 2
[4] Two respondents did not indicate their Sector

There were comparatively few respondents from the other sectors, particularly faith, housing, and business Sectors.

The analysis of the **'other'** responses highlighted the difficulty of assigning categories that cover all possible options. As shown in Table 2 below and Chart 1, respondents identify themselves in various ways:

- By place such as 'child health centre',
- Where the service is delivered 'community' or 'acute trust',
- Broad category of service e.g. 'child health services'
- Function, i.e. 'commissioning'
- Professional role 'health visitor',

It also highlighted a number of categories missing from the list, for example:

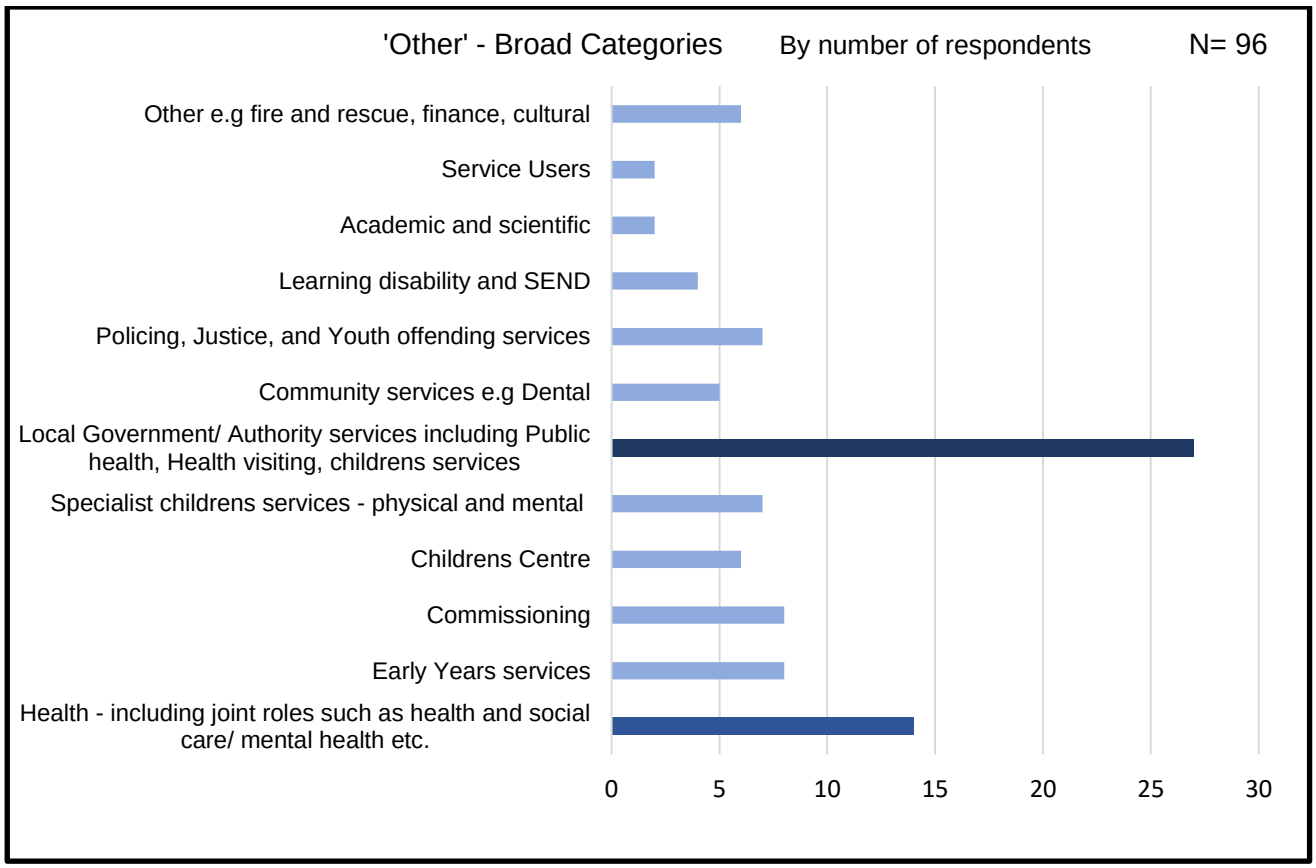
- Users, carers and patients[5],
- Local authority services for example public health and social work,
- Charities
- Academic sciences and research
- Private/ public partnership models of delivery and care.

Table 2: Analysis of 'Other' by total number of responses

Category **N=96[6]**	**Total**
Local Government/ Authority services including Public health, Health visiting, children's services	27
All health and social care services and therapies	14
Early Years services	8
Commissioning	8
Specialist children's services - physical and mental	7
Policing, Justice, and Youth offending services	7
Children's Centre	6
Other e.g. fire and rescue, finance, cultural	6
Community services e.g. Dental	5
Learning disability and SEND	4
Academic and scientific	2
Service Users	2

[5] Whom, it should be noted were not a target group for this survey
[6] N denotes the number of respondents who responded to the question

Chart 1: Analysis of 'other' by number of responses



4.1.2. Analysis by profession and predominant role: Tables 3 and 4 show that half of respondents (50%) are health professionals: medical, nursing and allied health professionals, reflecting the profile by sector, with the predominant role being the operational delivery of services for children and young people. And only two respondents categorised themselves as a carer.

Table 3: Analysis by profession/role by total number and percentage of respondents

Profession/role N=551	%	Total no.	Professional role	%	Total no.
Medical	22%	122	Teacher	4%	21
Nursing	21%	113	Social Worker	2%	13
Other (please specify)	21%	114	Academic	1%	5
Manager	17%	94	Civil Servant	1%	6
Allied Health Professional	7%	40	Carer	0.4%	2

Profession/role N=551	%	Total no.	Professional role	%	Total no.
Commissioner	4%	21			

Table 4: Analysis by predominant role (by total number and percentage of respondents)

Predominant role N=543	%	Total No.
Operational delivery of service(s) for children and young people (up to 18 years)	64.%	349
Strategic planner of service(s) for children and young people (up to 18 years)	18%	100
Voice of the child and young person/family (up to 18 years)	9%	51
Commissioner of service(s) for children and young people (up to 18 years)	8%	43

4.2 Analysis by ICP Area. Respondents were asked to indicate which ICP area their work was predominately based. The majority (39%) are based in the North ICP area followed by the South ICP Area as shown in Table 5.

Table 5: ICP area work respondents are predominately based in (by total number and percentage of respondents).

ICP Area N= 550	%	Total No.
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

When looking at the spread of responses across the four ICP areas in Table 5 above, the overall distribution broadly reflects the size of the areas (population wise) i.e.. North Cumbria has the smallest population and by implication a smaller range and number of services and staff. North ICP is the largest patch, with a consequent larger number of services and staff, including regional specialist centres and this is reflected by the larger number of respondents.

4.3 Priorities for Children and Young People

4.3.1 Respondents were asked to select the FIVE most important priorities for Children and Young People in their area (up to 18 years) from the following list:

- Mental Health	- Tackle drug and substance misuse in children	- Common assessment framework
- Children with additional needs (learning and physical disabilities	- Reducing geographical inequalities in North East and North Cumbria	- Pooling budgets – Health and Local Authorities
- Poverty – children living in low income families	- Good level of development at age 5	- Public engagement and user involvement – the voice of the child
- Health promotion and prevention of illness	- Environmental risks for health and wellbeing, e.g. tobacco smoke exposure and polluted environment	- Blurring of organisational barriers and better understanding of different organisational cultures
- Equitable access to services including Mental Health services	- Information sharing - Comparative Health Knowledge System (CHKS)	- Develop a work plan to our most current H&SC policy e.g. the NHSE 10 year plan, Radio Frequency Identification (RFID) Education Policy, Bright Futures LGA Social Care 7-point plan etc.
- Tackling childhood obesity	- Workforce – general	- Family housing shortages
- Low birth weight	- Population vaccination	- Infant mortality
- Increased life expectancy at birth	- Family education	- Workforce - new roles – hybrids health visitor / social worker / teacher
- Palliative Care	- Blurring of organisational boundaries	- Defining our Integrated Care system approach

Table 6 shows that 59% of the 497 people who responded selected **mental health** as their top priority followed by issues around **children and poverty.**

Table 6: Selection of top five priorities for children and young people (up to age 18) - (by total number and % of responses under each category)

Priority area N= 497	%	Total no of responses
Mental Health	59%	293
Poverty – children living in low income families	49%	242
Children with additional needs (learning and physical disabilities)	43%	216
Health promotion and prevention of illness	40%	201
Equitable access to services including Mental Health services	32%	160
Family education	28%	141
Tackling childhood obesity	28%	141
Public engagement and user involvement – the voice of the child	27%	135
Good level of development at age 5	25%	124
Workforce – general	22%	110
Reducing geographical inequalities in NE and North Cumbria	20%	97
Tackle drug and substance misuse in children	18%	88
Defining our Integrated Care system approach	13%	66
Pooling budgets – Health and Local Authorities	12%	62
Blurring of organisational barriers and better understanding of different organisational cultures	11%	55
Workforce - new roles – hybrids health visitor / social worker / teacher	9%	43
Information sharing - Comparative Health Knowledge System (CHKS)	8%	40
Environmental risks for health and wellbeing, e.g. tobacco smoke exposure and polluted environment	8%	39
Increased life expectancy at birth	7%	33
Blurring of organisational boundaries	7%	33
Palliative Care	6%	30
Infant mortality	6%	31
Common assessment framework	6%	30
Develop a work plan to our most current H&SC policy e.g. the NHSE 10 year plan, Radio Frequency Identification (RFID) Education Policy, Bright Futures LGA Social Care 7-point plan etc.	4%	20
Population vaccination	4%	18
Family housing shortages	3%	17

4.3.2 Priorities by Sector:

When broken down by Sector (Table 7) **mental health** remains a top priority by all sectors and 'others', and **poverty – children living in low income families** and **Children with additional needs (learning and physical disabilitie**s), whilst not necessarily the top priority in all groups, is also selected by all the sectors and 'others'.

Table 7: Top five priorities by Sector (based on number of responses in each priority)

Sector	Top Five Priorities				
	1	2	3	4	5
All Sectors	Mental health	Poverty – children living in low income families	Children with additional needs (learning and physical disabilities)	Health promotion and prevention of illness	Equitable access to services including MH services
Health Physical Sector	Health promotion and prevention of illness	Mental Health	Children with additional needs (learning and physical disabilities)	Poverty – children living in low income families	Tackling childhood obesity
Mental Health	Mental Health	Equitable access to services including MH services	Children with additional needs (learning and physical disabilities)	Health promotion and prevention of illness	Poverty – children living in low income families
Education	Mental Health	Children with additional needs (learning and physical disabilities)	Poverty – children living in low income families	Family education	Good level of development at age 5
Voluntary Sector	Poverty – children living in low income families	Mental health	Children with additional needs (learning and physical disabilities) (	Family education	Health promotion and prevention of illness
'Other' Sectors	Mental health	Poverty – children living	Children with additional needs	Health promotion and	Public engagement and user

		in low income families	(learning and physical disabilities)	prevention of illness	involvement – the voice of the child

4.3.3 Priorities by ICP Area: Analysis by ICP area (Table 8) reflects the results by sector; with **mental health** the top priority in all ICP areas, followed by **poverty – children living in low income families** and **children with additional needs (learning and physical disabilitie**s) as important priorities in all ICP areas.

Table 8: Top five priorities by ICP area (based on number of responses in each priority)

ICP Area	Priority				
	1	2	3	4	5
All ICP areas	Mental health	Poverty – children living in low income families	Children with additional needs (learning and physical disabilities)	Health promotion and prevention of illness	Equitable access to services including MH services
North ICP	Mental health	Poverty – children living in low income families	Children with additional needs (learning and physical disabilities)	Health promotion and prevention of illness	Tackling childhood obesity
South ICP	Mental health	Poverty – children living in low income families	Children with additional needs (learning and physical disabilities)	Health promotion and prevention of illness	Equitable access to services including MH services
Central ICP	Mental health	Poverty – children living in low income families	Children with additional needs (learning and physical disabilities)	Health promotion and prevention of illness	Public engagement and user involvement – the voice of the child
North Cumbria	Mental health	Health promotion and prevention of illness	Poverty – children living in low income families	Children with additional needs (learning and physical disabilities)	Equitable access to services including MH services

4.3.4 Priorities identified by respondents

Respondents added a further six top priorities to the top five identified above:

- Improving child wellbeing and resilience
- Increasing early intervention services
- Improved access to services
- Better support for families and carers[7]
  Better joined up services
  Services for pre-conception/ pregnancy and early motherhood

Respondents were invited to add other child health and wellbeing priorities which were important to them and/or their organisation and not included in the survey list of 27 priorities. 141 people (25% of total respondents) put forward 147 suggestions which were grouped into 19 categories as shown in Table 9 below:

Table 9: Priorities suggested by respondents

• Improving child wellbeing and resilience • Increasing early intervention services • Better support for families and carers • Improved access to services • Services for pre-conception/ pregnancy and early motherhood • Safeguarding • Improved child mental health services • Improved services for LD and autism • Sex education	• Better services for children with LTCs and complex conditions • Prevention of sexual and physical abuse • Support for looked after children • Support for children transitioning from child to adult services • Improving access to education and employment • Speech and language • Advocacy and empowerment of the child • Addressing social inequalities • Better joined up services

Table 10 shows the break down by number of responses

[7] Respondents gave equal weight to these three priorities

Table 10: Breakdown of priorities put forward by respondents by number of responses

	Respondent Priorities N= 141	No. responses
1.	Improving child wellbeing and resilience	19
2.	Increasing early intervention services	12
3.	Improved access to services	12
4.	Better support for families and carers	11
5.	Better joined up services	11
6.	Services for pre-conception/ pregnancy and early motherhood	11
7.	Improved child mental health services	10
8.	Safeguarding	10
9.	Improved child mental health services	10
10.	Improved services for LD and autism	7
11.	Addressing social inequalities	6
12.	Better services for children with LTCs and complex conditions	6
13.	Advocacy and empowerment of the child	5
14.	Prevention of sexual and physical abuse	5
15.	Sex education	5
16.	Support for looked after children	5
17.	Support for children transitioning from child to adult services	5
18.	Improving access to education and employment	4
19.	Speech and language	4

4.3.5 Priorities by Sector: When the suggested priorities by respondents are analysed by sector, the top priority; **improving child wellbeing and resilience** –is reflected across all sectors*.

As it might be expected, some priorities are sector specific, for example:

- I**mproving access to education and employment** is a priority flagged up by respondents in the education sector only.

- **Better services for Children with LTCs** and **Complex Conditions** are a priority only for those respondents in the physical health category.

- In the 'other' sector there are a number of community, children's services, public health and health visiting professionals which reflects in the priorities they have highlighted, for example, **services for pre-conception/pregnancy and early motherhood.** This is also an important priority for the physical health sector

For the underrepresented sectors, faith and business, the following priorities were put forward respectively: **Improving child wellbeing and resilience** and **better support for families and carers.**

Table 11 below analyses the spread of responses from respondents by sector.

Table 11: Priorities suggested by respondents broken down by sector. **Key: Shading denotes highest no. responses in each sector**

By Sector responses	All	Physical health	Mental health	Education	Voluntary services	Social care	Faith groups	Business	Other
Improving child wellbeing and resilience	19	4	3	1	5	2	1		3
Increasing early intervention services	12	3	3	1	0	2			3
Improved access to services	12	6	6						
Better support for families and carers	11	3	1		2	1		1	3
Better joined up services	11	6	1	1	2	1			
Services for pre-conception/ pregnancy and early motherhood	11	7							4
Safeguarding	10	5	1	2					2
Improved child mental health services	10	3	1		1	2			3
Improved services for LD and autism	7	4			1	1			1
Addressing social inequalities	7	3			3				1
Better services for children with LTCs and complex conditions	6	6							
Prevention of sexual and physical abuse	6	2			3	1			
Advocacy and empowerment of the child	5	1	2						2
Sex education	5	3			1				1
Support for looked after children	5	1			1				3
Support for children transitioning from child to adult services	5	5							
Improving access to education and employment	4			4					
Speech and language	4	1		3					
	150	**63**	**18**	**12**	**19**	**10**	**1**	**1**	**26**

4.3.6 Priorities suggested by respondents by ICP area:

When respondent priorities were analysed by ICP area (Table 12); i**mproving child wellbeing and resilience** features strongly as a priority in the North ICP, and improved **mental health services** as a top priority in both the South and Central ICP, reflecting their selection of mental health as a top priority in the questionnaire. **Improved access to services, services for pre-conception/ pregnancy and early motherhood**, and **safeguarding** are highlighted for North Cumbria ICP.

Table 12: Priorities suggested by respondents by ICP area: by number of suggestions

Suggested priorities N=170	**North Cumbria**	**Central**	**South**	**North**	**All**	**Total**
Improving child wellbeing and resilience	2	5	3	11	3	**24**
Improved child mental health services	2	7	8	4	0	**21**
Improved access to services	4	1	4	5	3	**17**
Services for pre-conception/ pregnancy and early motherhood	4	3	4	4	0	**15**
Better support for families and carers	1	1	6	2	3	**13**
Safeguarding	4	2	4	3	0	**13**
Better joined up services	3	2	3	2	1	**11**
Improved services for LD and autism	1	0	3	1	3	**8**
Increasing early intervention services	1	1	3	1	1	**7**
Better services for children with LTCs and complex conditions	0	0	2	4	1	**7**
Support for looked after children	1	0	3	3	0	**7**
Addressing social inequalities	0	1	0	4	0	**5**
Prevention of sexual and physical abuse	0	2	1	2	0	**5**
Sex education	0	2	0	1	1	**4**
Advocacy and empowerment of the child	0	0	1	2	1	**4**
Speech and language	0	0	3	1	0	**4**
Support for children transitioning from child to adult services	1	0	0	3	0	**4**
Improving access to education and employment	0	0	0	1	0	**1**
Total	**24**	**27**	**48**	**54**	**17**	**170**

Key: Shading denotes top priorities by individual ICP areas

4.3.7 The following table (Table 13) compares the top five priorities identified from the survey list of priorities and suggested by respondents (highlighted in grey). Note there are six top priorities in the respondent column as the last three had the same number of responses.

Table 13: Comparison of survey and respondent top ten priorities

Survey organisational priorities (top 10): **N=497**	**(suggested) Respondent priorities (top 10)** **N=141**
Mental Health	Improving child wellbeing and resilience
Poverty – children living in low income families	Increasing early intervention services
Children with additional needs (learning and physical disabilities)	Improved access to services
Health promotion and prevention of illness	Better support for families and carers
Equitable access to services including Mental Health services	Better joined up services
Family education	Services for pre-conception/ pregnancy and early motherhood
Tackling childhood obesity	Improved child mental health services
Public engagement and user involvement – the voice of the child	Safeguarding
Good level of development at age 5	Improved child mental health services
Workforce – general	Improved services for LD and autism

The above table gives a broader overview of the range of priorities identified as important to respondents and whilst respondents have suggested a number of different priorities, the two sets of priorities show a degree of synergy and overlap.

For example, there is a synergy between mental health and improved services for child mental health services, between children with additional needs (learning and physical disabilities) and improved services for LD and autism, and between health promotion and prevention of illness and improving child wellbeing and resilience.

The suggested priorities by respondents have a clear emphasis on **improving services;** mental health, learning and physical disabilities, early intervention, and pre and post conception and their access, and support for families, which may also help direct focus and prioritisation.

4.3.8 Summary

The top three priorities across all (or most) sectors and areas (including suggested priorities by respondents are:

- Mental Health (supported by suggested priorities from respondents)
- Poverty – children living in low income families
- Children with additional needs (physical and learning) (supported by suggested priorities from respondents)
- Health promotion and prevention (also supported by respondents through more specific health promotion and prevention priorities)

In addition, when looking at the priorities put forward by respondents, the following potentially cut across all sectors and ICP areas:

- Wellbeing and resilience
- Increasing early intervention services
- Better joined up services
- Better support for families and carers

The results indicate a clear steer from these respondents which priorities are most important to them..

4.4 Drivers for change

The Network defined, in the questionnaire, four key drivers[8] for change and asked respondents to agree or disagree whether these drivers for change applied to their local area:

- Childhood obesity, current levels of poor mental and emotional wellbeing and poor health outcomes in comparison with other developed countries.

- Increasing inequalities in health and educational outcomes for children and young people much of which is socially determined.

- Relative lack of funding and capacity for community services and prevention when compared with hospital services.

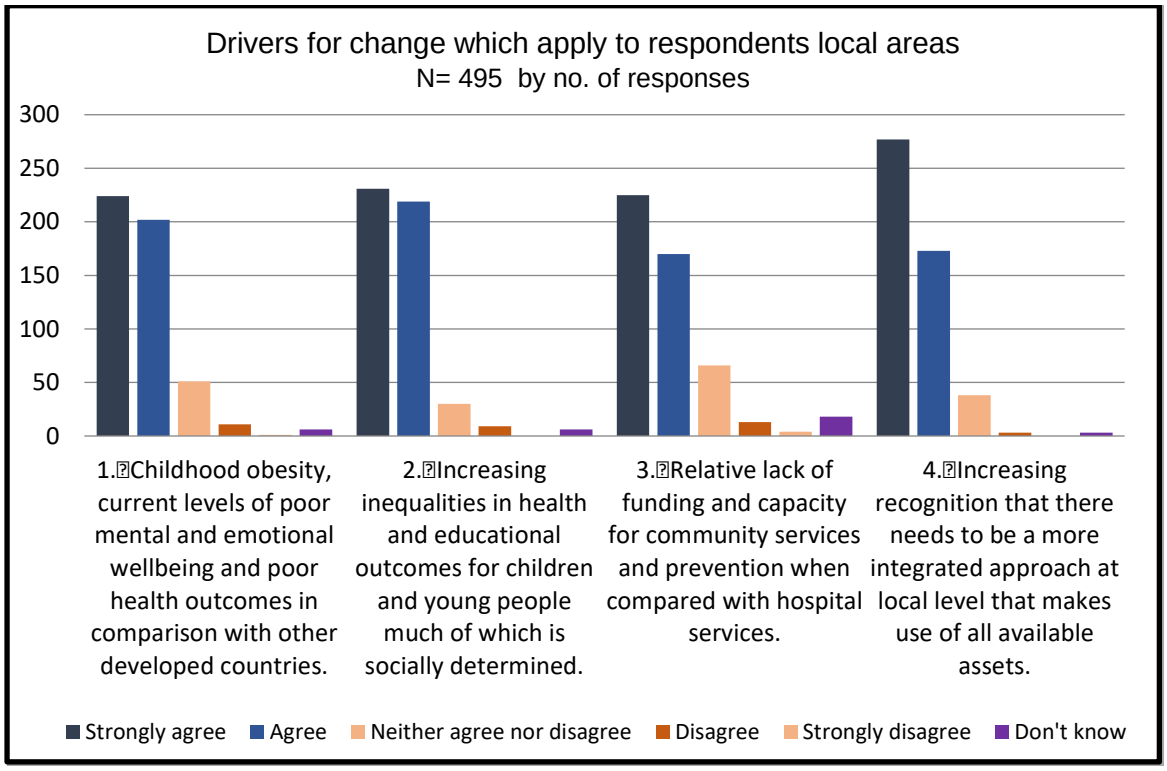
- Increasing recognition that there needs to be a more integrated approach at local level that makes use of all available assets.

There is a strong consensus that the four **Drivers for Change** are applicable to respondents' local areas as shown in Chart 2 below.

[8] Formulated through a consultation process and workshops

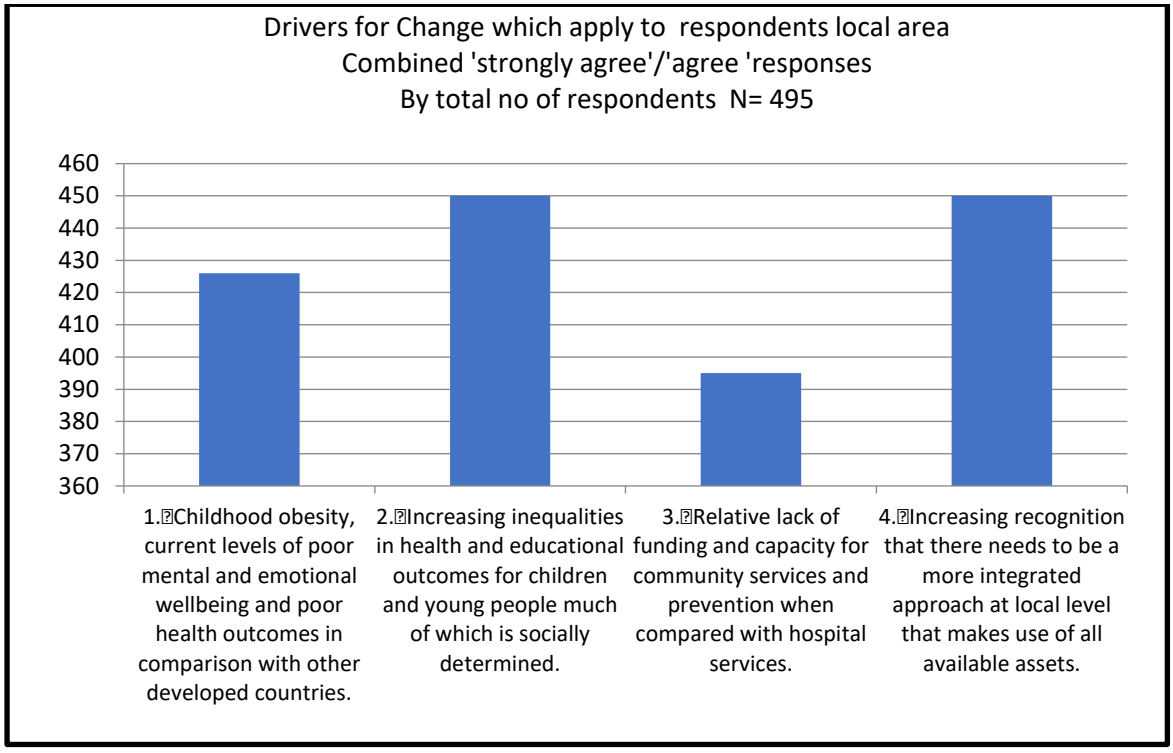
The top driver for change, identified by respondents, was the **'increasing recognition that there needs to be a more integrated approach at local level that makes use of all available assets'.**

Chart 2: Applicability of Drivers for change (by number of responses)



When the Strongly agree and agree scores are combined the picture is a little different with both '**increasing recognition that there needs to be a more integrated approach at local level that makes use of all available assets**' and '**increasing inequalities in health and educational outcomes for children and young people much of which is socially determined',** increasing recognition and taking the top spots however, there is little to differentiate, in terms of strength of agreement, between the four drivers when analysed in this way.

Chart 3: Drivers for change and their applicability to respondent's local area combined 'strongly agree' / 'agree scores'



4.4.1 Applicability of drivers for change by sector

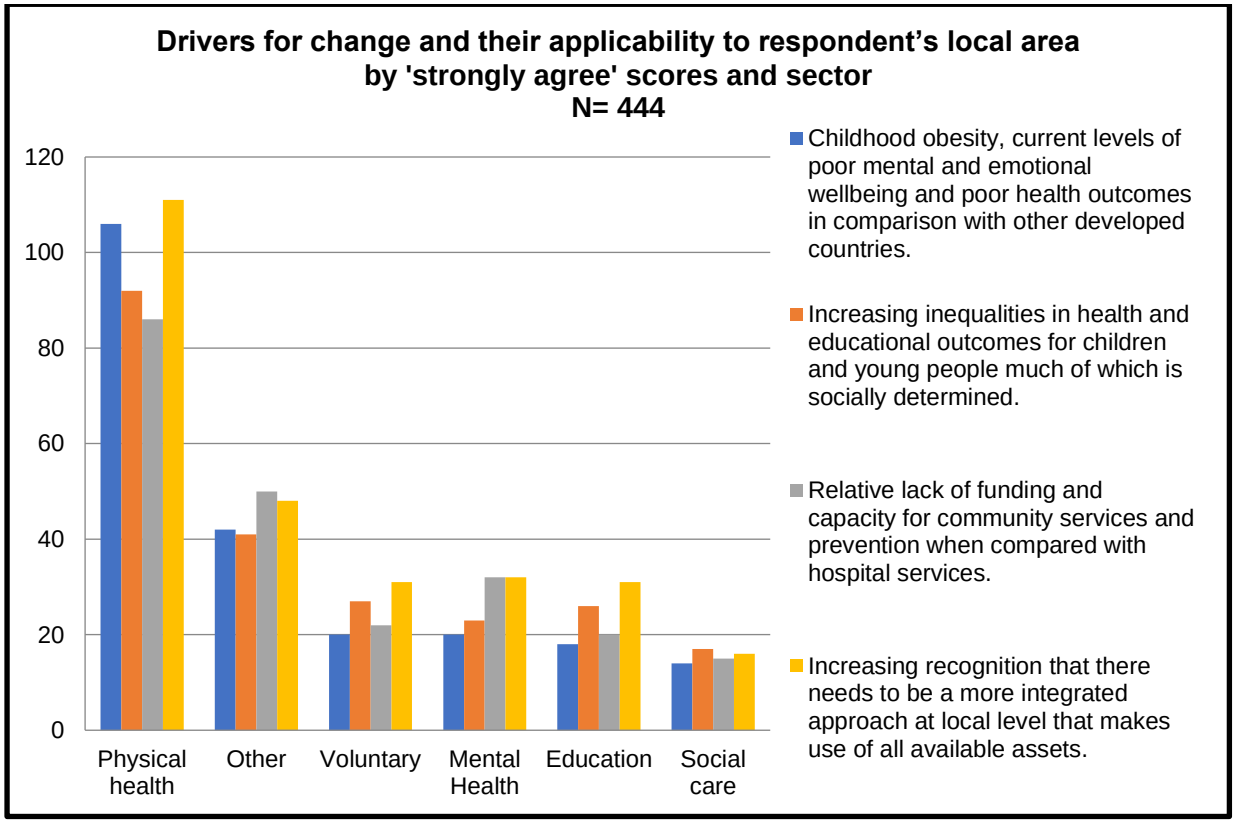
Analysis by sector (comparing total number of respondent scores) confirms the importance of each driver to respondents in their local context (Chart 4) and Table 14 provides some insight as to how strongly different sectors agree with the statements and their relevance to their service.

For the physical health, voluntary and education sectors, the highest number of 'strongly agree' respondent scores is for the driver - **'increasing recognition that there needs to be amore integrated approach at local level that makes use of all available assets'.** For mental health this was also the top driver together with the **'relative lack of funding and capacity for community services and prevention when compared with hospital services**'.

For social care respondents, **'increasing inequalities in health and educational outcomes for children and young people much of which is socially determined,** was, by one response, the top driver.

Similarly the **'relative lack of funding and capacity for community services and prevention when compared with hospital services**' was marginally the highest scoring driver for those in the 'other' sector.

Chart 4: Drivers for change and their applicability to respondent's local area by sector by 'strongly agree' scores and sector.



When the 'strongly agree' and 'agree scores' are combined the picture is a little different. For the physical health, voluntary, education and social care sectors the top drivers remain the same. However, for mental health **'increasing inequalities for health'** is now the top driver**,** and for those in the 'other' sector both **'increasing recognition that there needs to be a more integrated approach at local level that makes use of all available assets'** and **'increasing inequalities in health and educational outcomes for children and young people much of which is socially determined**' are, marginally the top drivers. This reflects the pattern of 'agree' scores which is different to the 'strongly agree' scores.

It should be noted. however, that there is overall little difference between the scores across all four drivers (by individual sectors).

Table 14: Applicability of drivers for change by sector: combined 'Strongly agree' 'Agree' responses

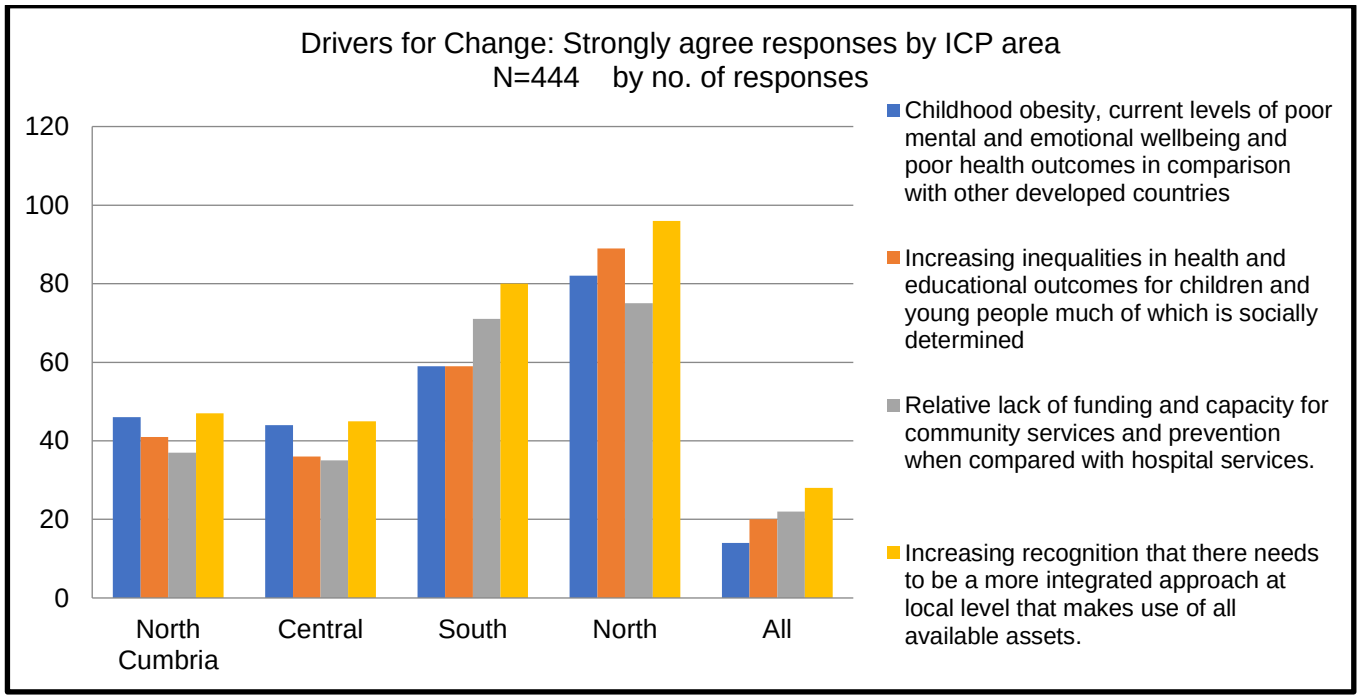
Sector N= 444	Childhood obesity, current levels of poor mental and emotional wellbeing and poor health outcomes in comparison with other developed countries	Increasing inequalities in health and educational outcomes for children and young people much of which is socially determined	Relative lack of funding and capacity for community services and prevention when compared with hospital services.	Increasing recognition that there needs to be a more integrated approach at local level that makes use of all available assets.
Physical Health	191	197	161	195
Other	78	81	76	81
Voluntary sector	41	46	46	49
Mental health	42	48	47	47
Education	41	40	36	43
Social care	25	28	24	28

Key: Shading denotes the top driver by each sector

4.4.2 Applicability of drivers for change by ICP area

All the ICP areas (comparing total number of respondent scores) gave their highest 'strongly agree' score for the driver - **'increasing recognition that there needs to be a more integrated approach at local level that makes use of all available assets'.**

Chart 5: Applicability of Drivers by ICP area: Strongly agree responses by ICP area



When the strongly agree and agree scores are combined (Table 15), then the highest combined score for North Cumbria is for the driver '**childhood obesity, current levels of poor mental and emotional wellbeing and poor health outcomes in comparison with other developed countries',** and for Central and South ICP areas the key driver is '**Increasing inequalities in health and educational outcomes for children and young people much of which is socially determined'**

It should be noted however, that there is very little difference between the scores across all four drivers.

Table 15: Applicability of Drivers by ICP area. Combined 'Strongly agree and Agree' responses

ICP Area	Childhood obesity, current levels of poor mental and emotional wellbeing and poor health outcomes in comparison with other developed countries	Increasing inequalities in health and educational outcomes for children and young people much of which is socially determine	Relative lack of funding and capacity for community services and prevention when compared with hospital services.	Increasing recognition that there needs to be a more integrated approach at local level that makes use of all available assets.
North Cumbria	77	74	68	72
Central	76	84	72	83
South	122	132	110	129
North	158	165	145	196
All	29	35	31	37

Key: Shading denotes top driver by ICP area

4.5 Barriers to cross-system working in child health and wellbeing

Respondent's first three choices (Table 16), when asked to select three barriers to cross-system working in child health and wellbeing, are

- No clear method (to work together as a system)
- lack of data sharing
- Lack of shared finances

4.5.1 Respondents were asked to select, from the following list, their top, second and third barrier to cross-system working in child health and wellbeing.

- Lack of shared finances
- Lack of data sharing
- No clear method (to work together as a system)
- Bureaucratic processes
- Too busy delivering on my organisation priorities
- Gap in workforce
- Capacity in community
- Capacity in hospitals

84% of respondents (466) answered the question. The top barrier, which attracted nearly double the number of responses (around a third of all respondents who answered the question) when compared to the second and third choices was **'no clear method (to work together as a system)'.**

The second and third choice of barrier were **'lack of data sharing'** (77 responses) and **'lack of shared finances'** (75 responses)

Table 16: Top three barriers to cross system working

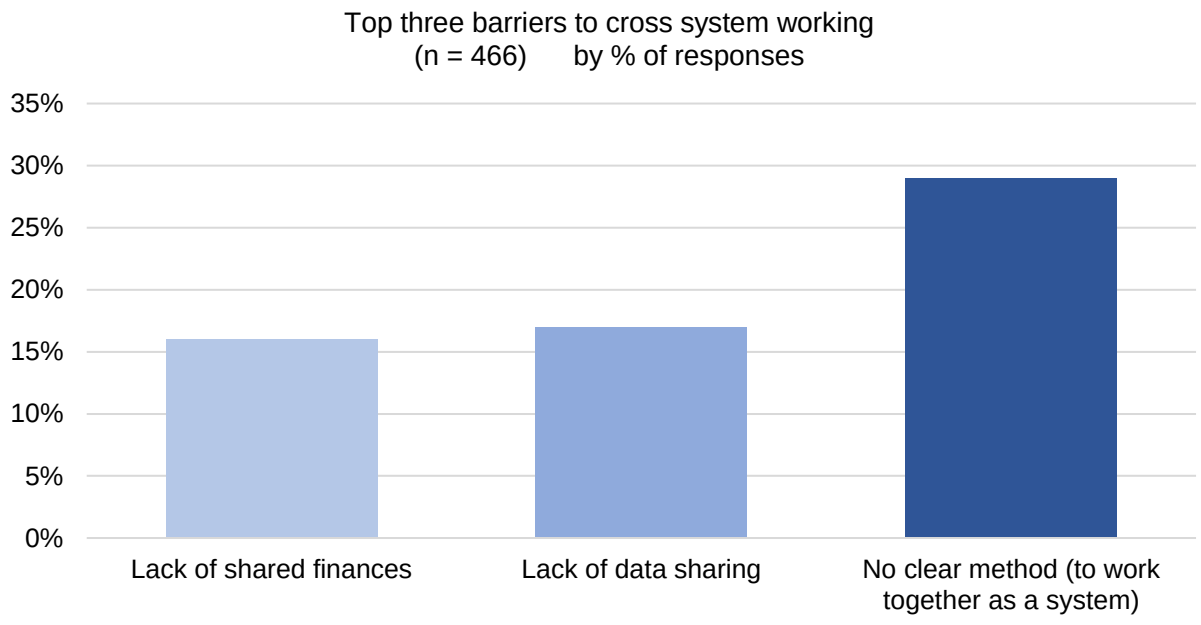


Table 17 highlights the first, second and third choice of barrier selected by the respondents.

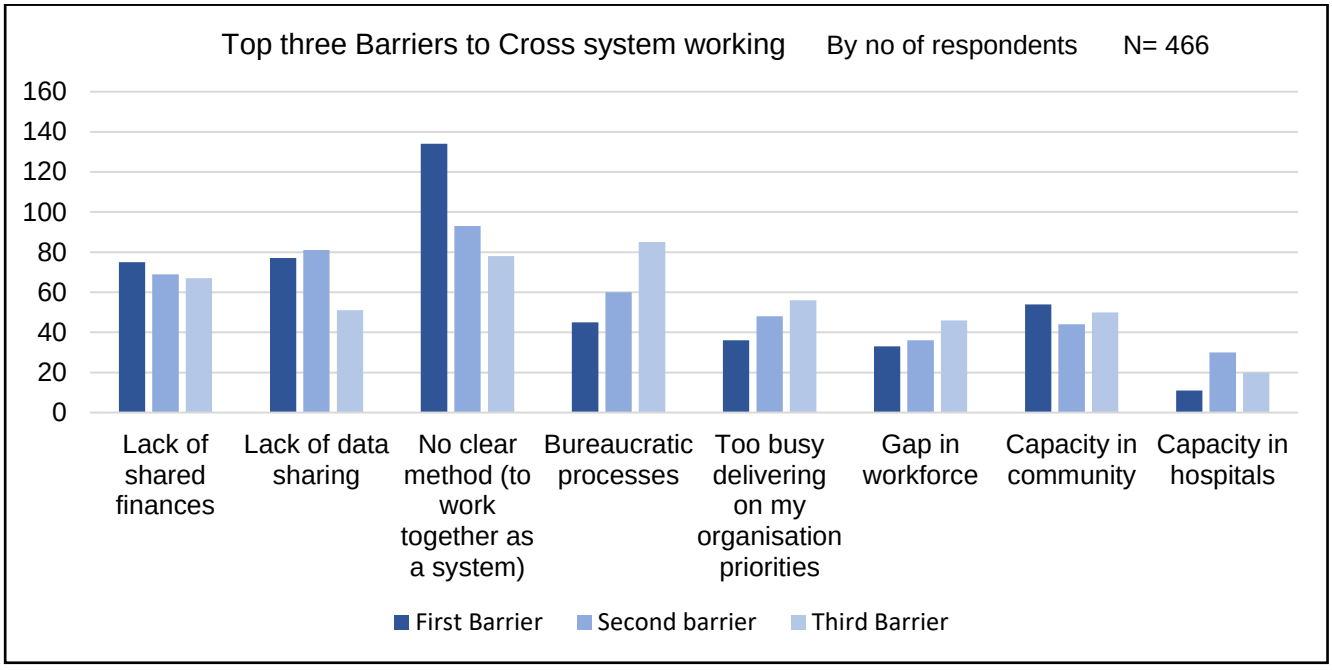
Table 17: Barriers to cross-system working (by number of responses)

Barrier N=466	First barrier	Second barrier	Third barrier	Total no of responses
No clear method- to work together as a system	134	93	78	305
Lack of data sharing	77	81	51	209
Lack of shared finances	75	69	67	211
Capacity in community	54	44	50	148
Bureaucratic processes	45	60	85	190
Too busy delivering on my organisation priorities	36	48	56	140
Gap in workforce	33	36	46	115
Capacity in hospitals	11	30	20	61

The Barrier with smallest number of responses overall was '**capacity in hospitals**'

The distribution of the top three barriers to cross-system working is illustrated further in Chart 6 below.

Chart 6: Top three barriers to cross system working:



When first, second and third choices (by total number of respondents) are combined the top three barriers to cross-system working remain the same.

4.5.2 Analysis by Sector

When analysed by sector the order of first, second and third choices is different but, with the exception of those in the mental health sector, they reflect the top three barriers already identified

As Table 18 shows, for respondents who classify themselves as working in the education, health physical, local businesses and voluntary sector **'no clear method (to work together as a system'** remains the top barrier.

For mental health respondents it is **'capacity in the community'.** For social care and faith group representatives it is the '**lack of data sharing**' and for those classifying themselves as 'other' it is the **'lack of shared finances'.**

When looking at the second and third choices the barriers highlighted in the first choices are repeated together with **'bureaucratic processes'**; which is a third choice for the voluntary sector, and education and mental health sectors

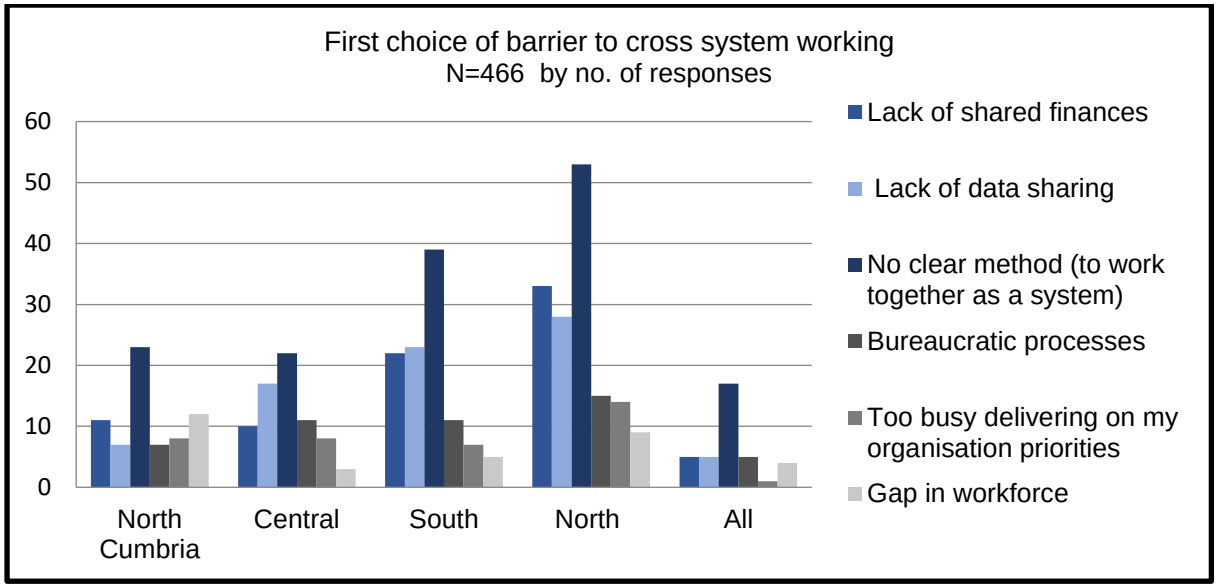
Table 18: First, second, and third barriers to cross system working by Sector

By Sector N = 466	First barrier	Second Barrier	Third Barrier
Education	No clear method (to work together as a system)	Lack of data sharing	Bureaucratic processes / No clear method (to work together as a system)
Mental Health	Capacity in community	Lack of shared finances	Bureaucratic processes
Health Physical	No clear method (to work together as a system)	No clear method (to work together as a system)	No clear method (to work together as a system)26
Local business	No clear method (to work together as a system)	Lack of data sharing	Lack of shared finances
Other	Lack of shared finances	Lack of data sharing	Lack of shared finances
Social care	Lack of data sharing	No clear method (to work together as a system)	No clear method (to work together as a system)
Voluntary Sector	No clear method (to work together as a system)	Lack of shared finances	Bureaucratic processes
Faith Group	Lack of data sharing		Lack of shared finances

4.5.3 Analysis by ICP area.

Chart 7 shows the distribution of first choice of barrier to cross system working analysed by ICP area. As expected, overall the top three barriers are **'no clear method (to work together as a system)', 'lack of data sharing** and **'lack of shared finances'.**

Chart 7: Distribution of first choice of barrier to cross system working by ICP area



First choices broken down by individual ICP areas (Chart 7 above and Table 19 below) show **'no clear method (to work together as a system)'** as the main barrier to cross system working for all areas.

The next most popular first choices are predominately **'lack of data sharing'** (Central and South ICP**)** and **'lack of shared finances'** (North)', however, North Cumbria have highlighted **'Gaps in workforce'** as their second first barrier.

Table 19: Distribution of first choices by ICP areas

First Choice of Barrier	Lack of shared finances	Lack of data sharing	No clear method (to work together as a system)	Bureaucratic processes	Too busy delivering on my organisation priorities	Gap in workforce	Total
North Cumbria	11	7	23	7	8	12	68
Central	10	17	22	11	8	3	71
South	22	23	39	11	7	5	107
North	33	28	53	15	14	9	152

All	5	5	17	5	1	4	37
Total	**81**	**80**	**154**	**49**	**38**	**33**	435

When looking at second and third barriers to cross system working by ICP area (Table 20), **'no clear method to work together as a system'** remains an important barrier. For North Cumbria, and respondents working in more than one ICP areas the **lack of data sharing and shared finance** is also a key barrier. For Central, South and North ICP areas '**bureaucratic processes**' are highlighted (as a third choice of barrier).

Table 20: First, second, and third barriers to cross system working by IPC area

Sector	First barrier	Second Barrier	Third Barrier
North Cumbria	No clear method (to work together as a system)	Lack of data sharing / Lack of shared finances	No clear method (to work together as a system)
Central	No clear method (to work together as a system)	Lack of shared finances/ No clear method (to work together as a system)	Bureaucratic processes
South	No clear method (to work together as a system)	No clear method (to work together as a system)	Bureaucratic processes
North	No clear method (to work together as a system)	No clear method (to work together as a system)	Bureaucratic processes / No clear method (to work together as a system)
All	No clear method (to work together as a system)	Lack of data sharing / Lack of shared finances	Lack of shared finances

4.5.4 Reasons for choices

Respondents were asked to explain why they chose the barriers. There were 346 responses. The reasons for choosing the top three barriers **(**i.e**. no clear method (to work together as a system), lack of shared finances and lack of data)** as a first choice are listed in the Appendices (attached as a separate document). A selection of the reasons for choosing the top three barriers are reproduced below (Table 21).

A reason reflected across the top three barriers is **personal experience**. Problems of, and the need to improve communication is also a common theme.

Table 21: Reasons for choosing the top three barriers- selection of comments:

Reasons for choice – selection of comments
No clear method (to work together as a system) • 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. • 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. • 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 • 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 • 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
Lack of shared finances • 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. • 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. • 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.

Reasons for choice – selection of comments
• 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. • 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.
Lack of data • 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. • 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. • 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. • 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.

4.5.5 Additional barriers to cross system working

Respondents were asked to identify any additional barriers to cross system working. 164 responses were received and grouped into the following 15 categories;

- Finance, funding and resources
- Recognition and understanding of professional roles, skills, services, stakeholders
- Lack of strategic and/ or local vision, coordination, approach or integration
- Capacity and demand issues
- Communication and information sharing

- IT systems
- Political and leadership issues
- Geography and location
- Different organisational and professional cultures
- Professional barriers
- Resistance to change: personal and institutional
- Lack of training/ education/ development
- Lack of evidence.

As Table 22 shows, the majority of respondent's responses are around **finance issues**, **the need to recognise and understand professional roles, their skills and the services they provide**, a **lack of strategic vision**, both national and local, and **lack of coordination, shared purpose, and integration**.

Linked to finance barriers are those related to **capacity and demand**; for example, the inability of the service to meet existing and additional workload demands due to lack of skilled staff, the stress this places on staff, the reliance on agency staff and the impact this has on providing appropriate high quality care and support for children.

Communication was also cited as a major barrier, together with problems around the **incompatibility of IT systems**, limiting agencies ability to obtain and share information and data, whether historic or in real time.

The importance of understanding what everyone, involved in the care and support of young people, does and the services that are in place was cited by respondents. There was a sense that people's roles were poorly understood and valued and this impacted on morale and achieving the best outcome for children.

One respondent commented:

'…… 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'.

A selection of responses are highlighted in Table 22. All the 164 responses are listed in Appendix 2 listed in the Appendices (attached as a separate document).

Table 22: Additional barriers to cross system working: Selection of comments from the top four barriers highlighted by respondents

Additional barriers to cross system working: Selection of comments from the top four highlighted by respondents
Finance, funding and resources • Insufficient funding allocated in areas of greatest need as identified by deprivation • (Need) a better understanding as to how resources can be moved 'downstream' and open discussion about the consequences • Needs investment of time in people being brought together so there is a clear understanding of roles/ responsibilities and priorities • 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 • 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 • The withdrawal of funding for early intervention and tier 2 provision by the local authority.
Recognition and understanding of professional roles, skills, services, and stakeholders • Services and workforce/skills vary a lot around the geographical patch • Knowing who to engage with and at what level • 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 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

Additional barriers to cross system working: Selection of comments from the top four highlighted by respondents

- 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

Lack of strategic and/or local vision, coordination, approach or integration

- 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
- 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
- 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
- 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
- I think health, social care and education have different objectives and outcomes currently

Capacity and demand issues

- 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

Additional barriers to cross system working: Selection of comments from the top four highlighted by respondents
• 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 • Limited services locally and limited transport for young people to access services further afield • Capacity particularly in the CCG although this has improved over recent months • Limited team resources to complete additional work • Lack of understanding between organisations of the pressures each of the organisation is under • 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. • 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

4.5.6. Removing barriers to cross system working

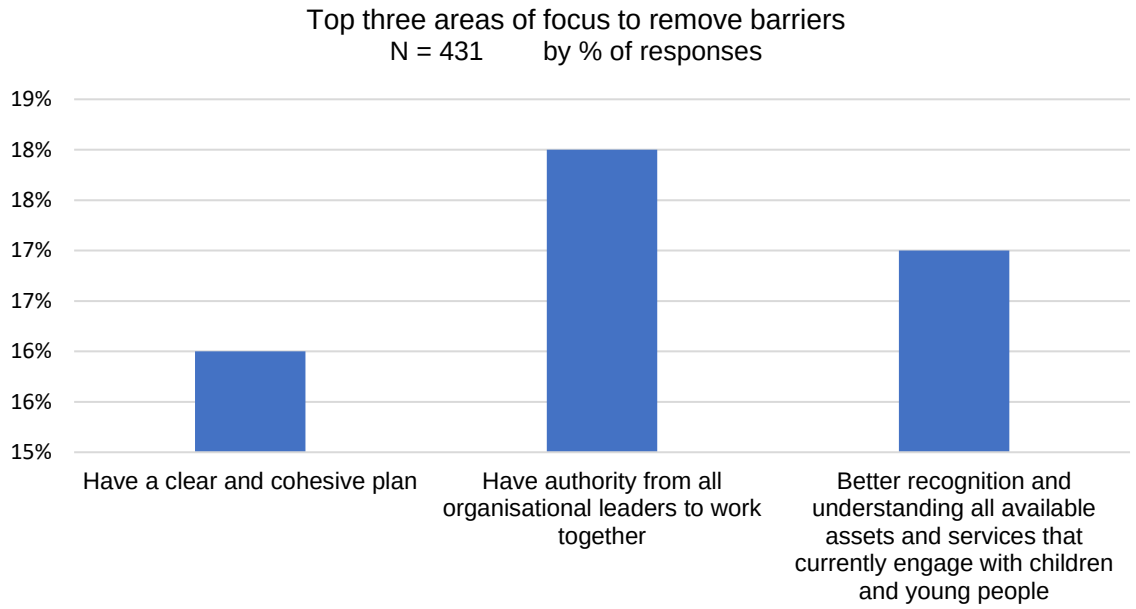
Respondents were asked to select, from the following list, the top three options that the Child Health and Wellbeing Network should focus on to address the barriers to cross-system working:

- Develop some place based demonstration models of integrated working
- Provide system wide view of services available across our sectors
- Provide robust data to support priorities and address challenges
- Design a network with a broad reach across the system
- Develop a high level vision which can be translated for service delivery
- Have a clear and cohesive plan
- Have authority from all organisational leaders to work together
- Pool our resources
- Agree priorities through local workshops
- Better recognition and understanding all available assets and services that currently engage with children and young people.

Respondents selected the following three options (in the order they are listed) for the Network to focus on to address the barriers to cross-system working (Table 23)

- Have authority from all organisational leaders to work together
- Better recognition and understanding all available assets and services that currently engage with children and young people
- Have a clear and cohesive plan

Table 23: Top three areas of focus to remove barriers



The distribution of choices is described in Table 24 and Chart 8. The top three options attracted around the same number of responses (68 -76). The top option, **'have authority from all organisational leaders to work together'** was chosen by 76 respondents (out of 431) followed by the second and third choices **'have a clear and cohesive plan'** and **'better recognition and understanding all available assets and services that currently engage with children and young people 'respectively**.

The option with smallest number of responses overall was to **'agree priorities through local workshops'**

When first – second and third choices (by total number of respondents) are combined the top three areas of focus remain the same

Chart 8: Distribution of responses with regard to areas for Network to focus upon to remove barriers to cross system working by no of respondents

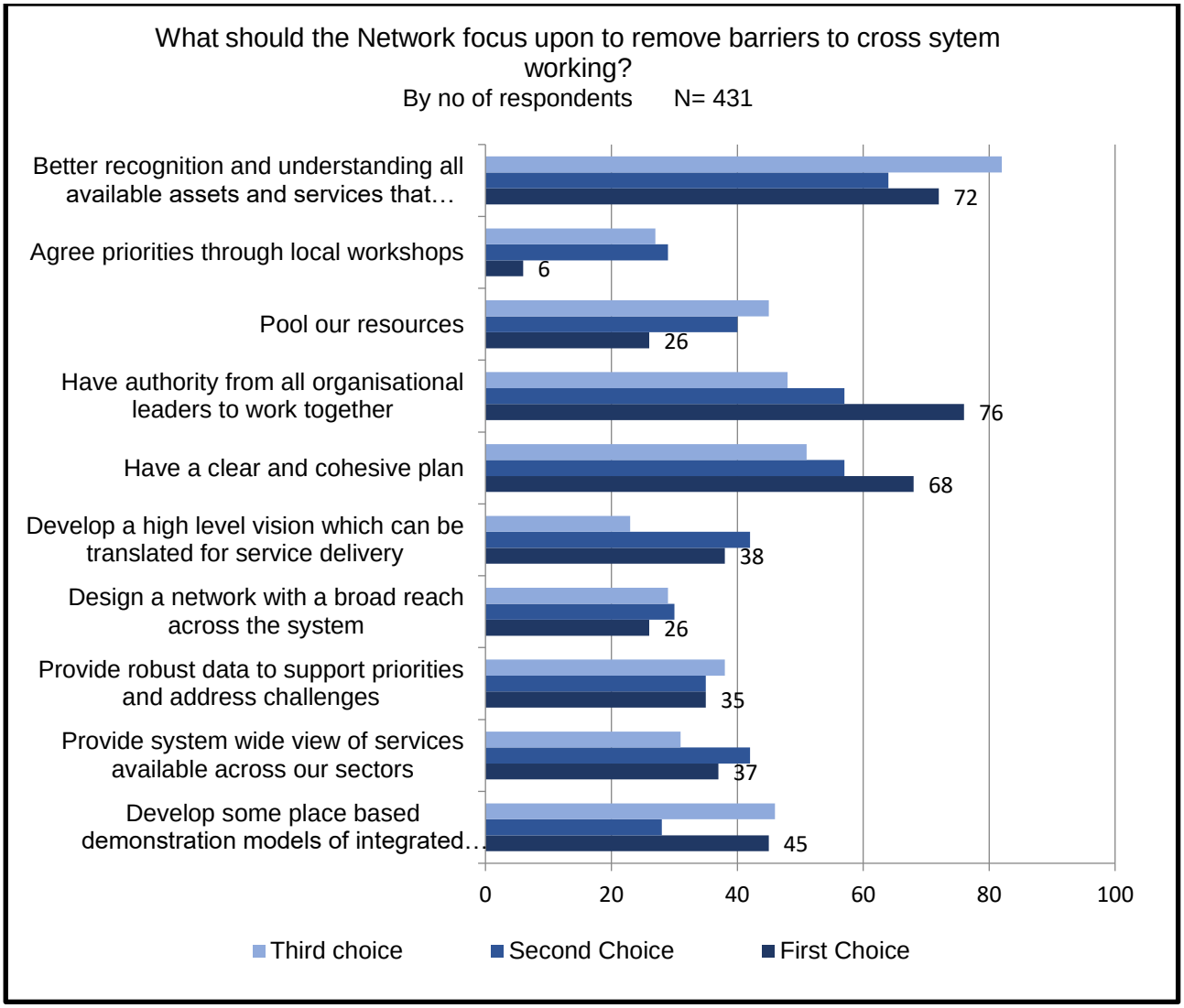

What should the Network focus upon to remove barriers to cross sytem working?
By no of respondents N= 431
Better recognition and understanding all available assets and services that…
Agree priorities through local workshops
Pool our resources
Have authority from all organisational leaders to work together
Have a clear and cohesive plan
Develop a high level vision which can be translated for service delivery
Design a network with a broad reach across the system
Provide robust data to support priorities and address challenges
Provide system wide view of services available across our sectors
Develop some place based demonstration models of integrated…
72
6
26
76
68
38
26
35
37
45
0
20
40
60
80
100
Third choice
Second Choice
First Choice

Table 24. Three things (highlighted) that the Child Health and Wellbeing Network should do to address these barriers

Options N= 431	First choice	Second choice	Third choice	Total no. of responses
Better recognition and understanding all available assets and services that currently engage with children and young people	72	64	82	218
Have authority from all organisational leaders to work together	76	57	48	181
Have a clear and cohesive plan	68	57	51	176
Develop some place based demonstration models of integrated working	45	28	46	119
Pool our resources	26	40	45	111
Provide system wide view of services available across our sectors	37	42	31	110
Provide system wide view of services available across our sectors	37	42	31	110
Provide robust data to support priorities and address challenges	35	35	38	108
Provide robust data to support priorities and address challenges	35	35	38	108
Develop a high level vision which can be translated for service delivery	38	42	23	103
Develop a high level vision which can be translated for service delivery	38	42	23	103
Design a network with a broad reach across the system	26	30	29	85
Design a network with a broad reach across the system	26	30	29	85
Agree priorities through local workshops	6	29	27	62

4.5.7 Options for the Network to focus on to address the barriers to cross-system working by Sector and ICP area

When analysed by sector and ICP area, the same top three options, as detailed above, are reflected in the **combined first, second and third choices**.

Analysis of the distribution of first, second and third choices shows that for respondents who classify themselves as working in the mental health, health physical, local business, social care, and voluntary sector, the top barrier remains '**better recognition and understanding all available assets and services that currently engage with children and young people**'. For people working in the health physical field, this area of focus was their first, second and third choice. Education was the only sector which did chose this area of focus in their top three choices.

For education and those in the 'other' category, focus on '**having authority from all organisational leaders to work together**' is the most important. The need for '**a clear and cohesive plan**' is also important for the faith representatives who filled in the survey and for those in social care.

When looking at the second and third choices the areas highlighted in the first choices are repeated, together with **'agreeing priorities through local workshops', 'pooling resources', 'designing a network with a broad reach across the system'** and '**developing a high level vision which can be translated for service delivery**'

Table 25: First, second, and third options to address barriers by Sector

Sector	First Choice	Second Choice	Third Choice
Education	Have authority from all organisational leaders to work together	Have a clear and cohesive plan	Have a clear and cohesive plan
Mental Health	Better recognition and understanding all available assets and services that currently engage with children and young people	Agree priorities through local workshops	Better recognition and understanding all available assets and services that currently engage with children and young people
Health Physical	Better recognition and understanding all available assets and services that currently engage with children and young people	Better recognition and understanding all available assets and services that currently engage with children and young people	Better recognition and understanding all available assets and services that currently engage with children and young people
Local business	Better recognition and understanding all available assets and services that currently engage with children and young people	Have authority from all organisational leaders to work together	Pool our resources
Other	Have authority from all organisational leaders to work together	Better recognition and understanding all available assets and services that currently engage with children and young people	Have authority from all organisational leaders to work together

Sector	First Choice	Second Choice	Third Choice
Social care	Have a clear and cohesive plan/ Have authority from all organisational leaders to work together/ better recognition and understanding all available assets and services that currently engage with children and young people	Have a clear and cohesive plan	Agree priorities through local workshops
Voluntary Sector	Better recognition and understanding all available assets and services that currently engage with children and young people	Have authority from all organisational leaders to work together	Better recognition and understanding all available assets and services that currently engage with children and young people
Faith Group	Have a clear and cohesive plan/ Pool our resources	Design a network with a broad reach across the system/ Better recognition and understanding all available assets and services that currently engage with children and young people	Better recognition and understanding all available assets and services that currently engage with children and young people/ Develop a high-level vision which can be translated for service delivery

Broken down by individual ICP areas the overall picture is also mixed (Table 26), with Central and South and All ICP areas identifying '**having authority from all organisational leaders to work together'** as their most important area to focus on. For the North its **'better recognition and understanding all available assets and services that currently engage with children and young people'** and for North Cumbria the need **'to have a clear and cohesive plan**').

Table 26: Options to focus on to reduce barriers to cross system working by ICP area (first choices). The top option selected by each ICP area is highlighted.

1st Choice of Option	Develop some place based demonstration models of integrated working	Provide system wide view of services available across our sectors	Provide robust data to support priorities and address challenges	Design a network with a broad reach across the system	Develop a high level vision which can be translated for service delivery	Have a clear and cohesive plan	Have authority from all organisational leaders to work together	Pool our resources	Agree priorities through local work shops	Better recognition and understanding all available assets and services that currently engage with children and young people
North Cumbria	7	7	2	4	9	13	11	3	1	12
Central	10	9	8	5	2	13	15	2	2	12
South	10	10	9	5	8	20	26	12	3	21
North	7	7	14	4	9	13	24	3	1	30
All	1	3	2	3	4	6	14	0	0	2

The following table (Table 27) shows the distribution of the first, second and third choices by ICP area.

Table 27: Top three options to focus on to reduce barriers by ICP area

ICP Area	First Choice	Second Choice	Third Choice
North Cumbria	Have a clear and cohesive plan	Better recognition and understanding all available assets and services that currently engage with children and young people	Better recognition and understanding all available assets and services that currently engage with children and young people
Central	Have authority from all organisational leaders to work together	Better recognition and understanding all available assets and services that currently engage with children and young people	Better recognition and understanding all available assets and services that currently engage with children and young people
South	Have authority from all organisational leaders to work together	Better recognition and understanding all available assets and services that currently engage with children and young people/ Develop a high level vision which can be translated for service delivery	Develop some place based demonstration models of integrated working
North	Better recognition and understanding all available assets and services that currently engage with children and young people	Have a clear and cohesive plan	Pool our resources
All	Have authority from all organisational leaders to work together	Have authority from all organisational leaders to work together	Have authority from all organisational leaders to work together

4.5.8 Respondent options for addressing barriers to cross system working

Respondents were asked if there were any other things that the Child Health and Well Being Network could be doing to address barriers to cross system working. Nearly a 100 suggestions were put forward, which were grouped under the following 12 categories.

- Focus on specific areas of development/ change
- Engagement and involvement with all stakeholders including children and their families and carers
- Better and more effective communication
- Address capacity and demand
- Develop integrated, partnerships, collaborative services and ways of working
- Develop and promote positive, can do attitudes
- Develop and improve integrated IT systems
- Secure adequate funding and resources
- Invest in training and education
- Improve ways of working
- Planning and prioritisation
- Address access to services (transport)

The top three were **'focus on specific areas of development/ change', 'engagement and involvement with all stakeholders including children and their families and carers** and **'better and more effective communication'**

Table 28 shows the number of suggestions by category and sector. The largest number of suggestions made by those in the 'other' sector fell under the '**focus on specific areas of development and change**' category (and was the highest number of suggestions made within that category as well). For those in the health physical the largest number of suggestions fell under the **'finance'** and **'engagement'** categories.

Whilst the numbers in each category are relatively low they still provide helpful information on potential areas to address when looking at strategies to reduce barriers to cross-system working.

Table 28: Respondent options for addressing barriers to cross system working. The highest number of responses for each option, by sector is in bold

. (N= 84).	Develop and promote positive, can do attitudes	Develop and improve integrated IT systems	Secure adequate funding and resources	Better and more effective communication	Engagement and involvement with all stakeholders including children and their families and carers	Planning and prioritisation	Focus on specific areas of development/ change	Address capacity and demand	Develop integrated, partnerships, collaborative services and ways of working	Training and Education	Improve ways of working	Access to services (transport)
Education	1	1	1	1		1	1					1
Mental Health			**3**	2	1	1	**3**			1		
Health Physical	3	2	**5**	2	**5**		4	4	2	2		
Local businesses					1							

Other	1	1	1	2	5	1	**8**	2	4	1	2	
Voluntary Sector	1			1	**2**			1	1		**2**	
Total	6	4	**10**	**8**	**14**	3	**16**	7	7	4	4	1

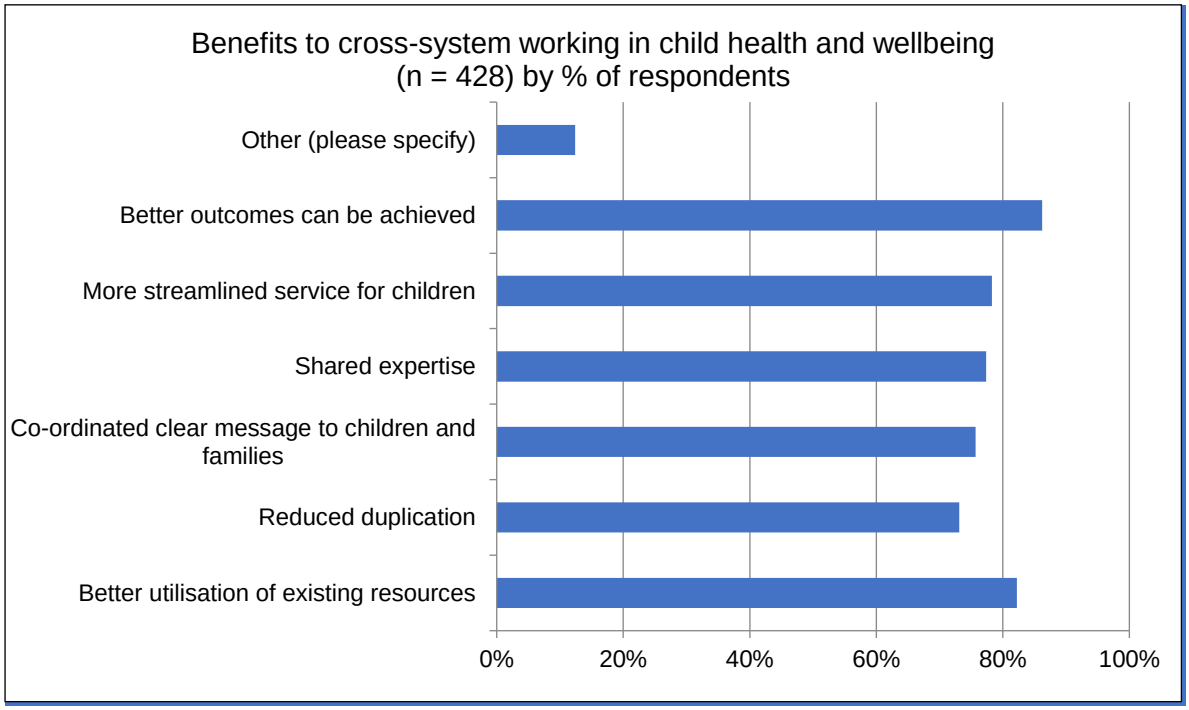
4.6 Benefits to cross system working in child health and well being

Respondents were asked to identify[9] the benefits to cross system working from the list below, and indicated that all the choices represented important benefits.

- Better utilisation of existing resources
- Reduced duplication
- Co-ordinated clear message to children and families
- Shared expertise
- More streamlined service for children
- Better outcomes can be achieved
- Other (please specify)

Chart 9 illustrates the distribution of respondent scores.

Chart 9: Benefits to cross system working in child health and wellbeing



Slightly higher number of responses (see Chart 9 above and Table 29 below) were recorded for:

- Better outcomes can achieved
- Better utilisation of existing resources
- More streamlined service for children

[9] Respondents were able to select all that applied.

Table 29: Benefits to cross system working in child health and well being

Benefits to cross system working in child health and wellbeing N=428	%[10]	No of responses
Better outcomes can be achieved	86 %	369
Better utilisation of existing resources	82 %	352
More streamlined service for children	78 %	335
Shared expertise	77%	331
Co-ordinated clear message to children and families	76%	324
Reduced duplication	73%	313
Other (please specify)	12 %	53

4.6.1 Analysis of the benefits by cross system working by sector and ICP area

When looking at the distribution of benefits by sector the following can be observed (Chart 10 and Table 30 below):

Achievement of better outcomes is highlighted by respondents in the education, 'other', social care, and voluntary sectors as a key benefit.

For those in the mental health sector the '**benefits of shared expertise**' is marginally higher than the other benefits

For respondents in the health physical sector **'better utilisation of existing resources'** scores the highest.

However, It should be noted however, that there is a differential of only 56 responses (15%) between the highest score (better outcomes can be achieved) and the lowest (reduced duplication) which suggests all the benefits are of equal importance to these respondents and this also broadly reflected in the distribution of scores across the individual sectors, as illustrated in Chart 10.

[10] % of responses to the specific Benefit

Chart 10: Benefits to cross system working in child health and wellbeing by sector

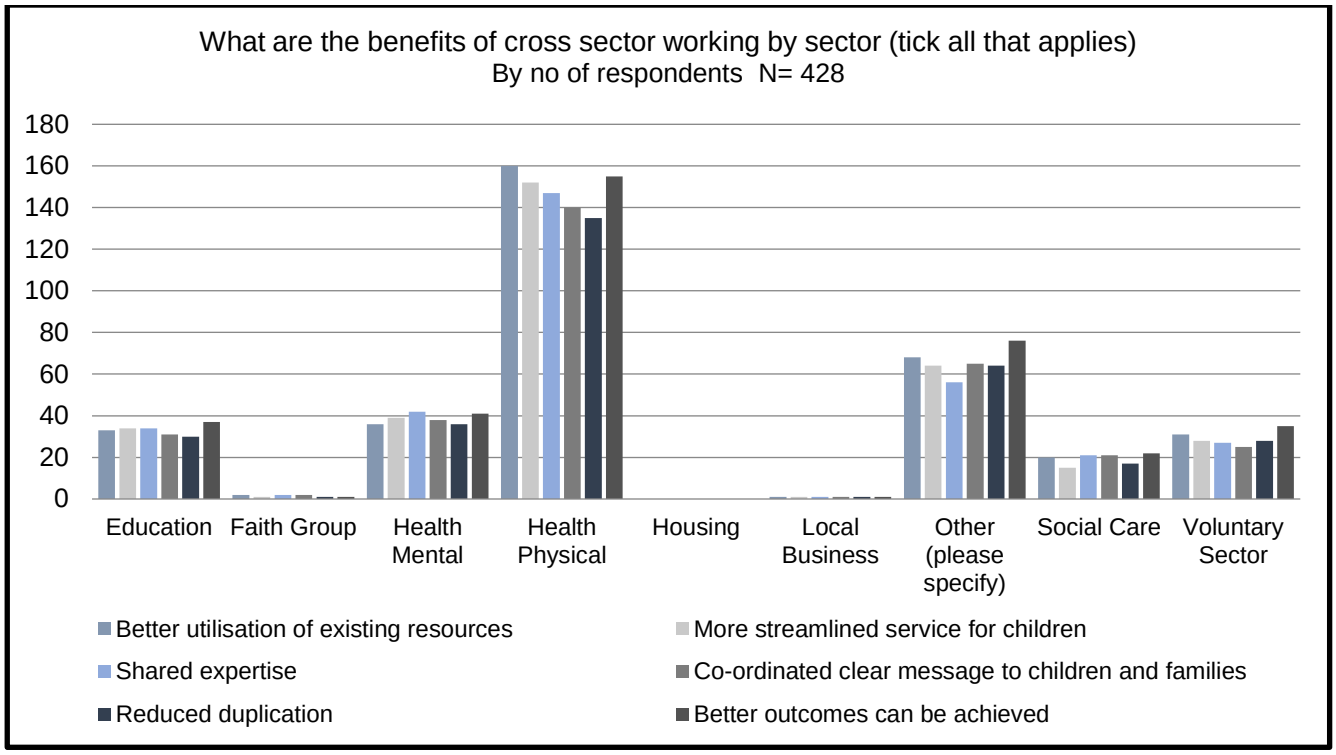


Table 30: Benefits to cross system working in child health and wellbeing by sector. By no. of responses

Sector	Better utilisation of existing resources	More streamlined service for children	Shared expertise	Co-ordinated clear message to children and families	Reduced duplication	Better outcomes can be achieved
Education	33	34	34	31	30	37
Faith Group	2	1	2	2	1	1
Health Mental	36	39	42	38	36	41
Health Physical	160	152	147	140	135	155
Housing						
Local Business	1	1	1	1	1	1
Other	68	64	56	65	64	76
Social Care	20	15	21	21	17	22
Voluntary Sector	31	28	27	25	28	35
All Sectors	352	335	324	331	313	369

4.6.2 Analysis of the benefits by cross system working by ICP Area

When considering the analysis by ICP area, again the highest scores for all ICP areas, except All (those working in more than one ICP area), are for the **achievement of better outcomes**. Those working in the South ICP area also highlighted the **better utilisation of existing resources.**

Table 31: Benefits to cross system working in child health and wellbeing by ICP area.

By ICP area	Better utilisation of existing resources	More streamlined service for children	Shared expertise	Co-ordinated clear message to children and families	Reduced duplication	Better outcomes can be achieved
North Cumbria	58	54	53	52	56	60
Central	58	50	63	55	52	70
South	107	99	100	102	102	107
North	134	111	111	120	121	137
All	29	28	27	32	32	31
Total	352	313	324	331	335	369

Key: The shaded areas denote the highest scores by sector

4.6.3 Additional benefits (other) of cross system working

The following **additional benefits** (see Table 32 below) were added to the list by respondents (50). There is considerable overlap with the above benefits.

The top three benefits were:

- Improved efficiency of services and use of resources
- Person centered approach and greater engagement with ‘clients’, parents and carers
- Effective whole team, collaborative and cross boundary working

The individual responses underpinning these benefits is appended at Appendix 3 in the separate Appendices document.

Table 32: Additional benefits, identified by respondents, to cross system working in child health and wellbeing

Additional benefits suggested by respondents N=50	No of responses
Improved efficiency of services and use of resources	16
Person centered approach and greater engagement with 'clients', parents and carers	9
Effective whole team, collaborative and cross boundary working	6
Better use of professional skills and expertise and improved working practices	5
Better motivated staff	4
Increased opportunities for innovation, research and development	4
Clear vision	3
Improved health outcomes	2
Better decision making processes	1
Greater safeguarding	1

Table 33 compares the top three survey results for benefits to cross system working with the top three suggested by respondents. Whilst the **additional benefits** only represent 9% of respondent views, they added value to the benefits put forward by respondents in as much as they reinforce and enhance the results from the survey, for example, the synergy between better utilisation of existing resources and improved efficiency of services and use resources, and the importance of putting the child at the heart of any services and decision making.

Table 33. Comparison of top 3 survey results for benefits and those suggested by respondents

Benefits identified from survey N=428	(suggested) Respondent benefits N=50
Better outcomes can be achieved	Improved efficiency of services and use of resources
Better utilisation of existing resources	Person centered approach and greater engagement with 'clients', parents and carers
More streamlined service for children	Effective whole team, collaborative and cross boundary working

5. 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.

Appendix 4, in the separate Appendices documents, catalogues these examples by Sector and IPC area and a full list is also presented in a separate document available for reference.[11]

Table 34: Distribution of good examples of child health and wellbeing partnership working by sector and IPC area (by no. of good examples cited)

	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

[11] Child Health and Well Being Survey Examples of Child Health and Wellbeing Partnership Working: March 2019

5.1 Success factors

When respondents were asked why the example they gave succeeded, a number of themes emerged. A full list of the examples of good partnership working together with reasons for their success, 135 in total, can be found in the separate Appendices documentation.

From the responses 12 themes were identified as listed below. The Appendices document also lists the reasons for success, by these themes.

- The importance of putting the child and family at the centre of the service, focused, engaged and supported (12)[12]
- 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 the success of many of the projects cited (28)
- Provision of efficient and accessible services, good use of staff, meets a need (7)
- Close working within or with other organisations and professional groups and agency (6)
- 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)
- Genuine communication, engagement and involvement and sharing of information (27)
- Partnership and close working with statutory and non-statutory authorities (11)
- Services, agencies and sectors are integrated (5)
- Ability to access professional, service providers and agencies and arrangements that help build effective working arrangements (6)

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

6. Final messages to the Child Health and Wellbeing Network

Respondents were asked for any final messages that they would like to share with the Network. These are reproduced by Sector and ICP area at Appendix 7 in the separate Appendices documentation. The list is very comprehensive and reflects the concerns around and ideas for improving child health and wellbeing, and expectations for the Network. In particular, the need to place the voice of children and their families at the heart of decision making as this selection of comments illustrate.

'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'

'Listen, listen, listen - to parents, to young people, to those who work with 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'.

'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'.

'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'.

'Don't just listen to families, hear them!'

There was a sense of urgency in some of the comments about the need to 'stop the talking and just get on with it' and the need to keep everyone involved and positively engaged.

'Make this last - lessons need to be learned from the demise of the previous Child Health Network following the pulling of funding of funds and support in 2015,…..'

'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'.

'Please try hard not to demoralize skilled staff in the process that you are embarking on as good morale is key to effective and efficient working.'

'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'

'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'

'Don't get distracted by finessing strategies...get on with the job of developing effective networks and listen a lot!'

Respondents highlighted a number of concerns and areas for improvement and development;

'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 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'

'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 must be addressed as a priority'

'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 the negative stories as people who are doing a good job don't have time to blow their own trumpet'.

'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'

'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'

'We need a clear vision for a system wide model with openness about implications for each Organisation'

And suggestions for harnessing resources and building partnerships

'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'.

'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

7. Next steps

The survey results have identified some complex topics, likely to require significant transformational change. The Network will:

- **Continue to develop a robust network membership** to ensure an active and comprehensive membership representative of the system, with clear governance and region to place based connections with clear processes to access and utilise.
- **Conduct a stocktake of existing services** and examples of national and international best practice to effectively store and share.
- **Secure the children and young person's view**. Actively reach out to children and young people to gather perspectives on this work through those already connected with CYPF and skilled at both gathering and sharing their perspective.
- Ensure the **draft priority model** (based on feedback from across the system and national examples and national direction) is discussed with children and young people across the region, and is looked at in line with the Health and Wellbeing priorities before seeking across system sign up.
- Develop **the supporting framework** to drive this work forward.

The survey has provided an excellent springboard to direct the network and a rich seam of data which will continue to be referenced as the work streams develop and the work matures. The categorisation of the data by sector and geography makes it useful for local improvement work and analysis. The findings are freely available to ultimately promote and support integration and partnership working to achieve better outcomes for the children of the North East and North Cumbria.

… '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'.