



# Child Health and Wellbeing Network NENC Integration Pilot

Seven Years On



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# Foreword

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**It's been a privilege to have been part of this integration journey. Whilst I am a relatively recent cog in this very intricate machine, Heather has been part of that full journey and emphasises the huge contribution of those integration partners who have quite literally built the integration path together with us.**

Change in our systems is inevitable and whilst some specific programmes may wax and wane, the clear commitment to integration as part of our Integrated Care Board's core purpose is, I feel, the key take-home from this paper. The integration experience, skills and examples built up over the last seven years are an invaluable gift to take forward into the next seven years.



We're grateful to every single person involved in this work and invite them to continue this journey with us as we move towards a more strategic commissioning model. This report makes clear the alignment between integration and strategic commissioning: retaining and building on the gains of integration—rather than setting them aside—is what will enable continued progress and success.

We thank the young people we serve in our work, especially those within our Know our Impact Group who help us to explore topics and influence our thinking (pictured below signing our pledge document in a joint meeting last autumn).

Our final thank you is to Dr Jenna Charlton, Impact Lead at North East Wellbeing, for pulling this review together at pace, with a real interest and professional curiosity to understand the work that we have built.

Whilst there are always improvements to be made, we leave you with the report's positive summary of your shared success:

This review evidences the great progress that the NENC CHWN [Child Health and Wellbeing Network] has made towards system-wide integration across the region; connecting multi-disciplinary organisations working across the system of care..... the integration experiences and achievements of the CHWN,

and the relational and operational enablers that exist at the heart of the network to support integration, places [them] at the forefront of being able to support the transition to strategic commissioning, and to continue to facilitate shared improvement approaches and integration of services across the NENC region, to enable children and young people to flourish and reach their full potential.

**Levi Buckley – Chief Delivery Officer and Executive Lead for CYP at the NENC Integrated Care Board.**

**Heather Corlett – Deputy SRO for the Children and Young Person's Transformation Programme at NENC Child Health and Wellbeing Network.**



# Executive Summary

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**The North East and North Cumbria Child Health and Wellbeing Network (NENC CHWN) was established to drive forward a vision that all children and young people should be given the opportunity to flourish and reach their potential, and be advantaged by organisations working together.**

As the largest Integrated Care System (ICS) nationally with the highest poverty levels outside of London and the highest growth rate of child poverty in the UK, the network has needed to develop integrated models of care to benefit the large volume of disadvantaged children and young people across the region.

Since 2018, the network has worked to achieve this vision through the delivery of the national Children and Young People's Transformation Programme, an Integration Pilot programme which established the NENC Children and Young People's Centre for Integrated Care (CiC), as well as a broader

programme of work based around locally-determined priorities. These workstreams represent the CHWN's journey of integration, connecting multi-disciplinary organisations working across the system of care, including primary and secondary healthcare, education, VCSE organisations and Local Authority teams, as well as children, young people and families. The network's journey of integration is contextualised within a period of great change; with staff reductions, financial pressures, and increasing clinical demands, meaning constraints on time, capacity and flexibility to work across boundaries. Now, in April 2025, the network and the NENC Integrated Care Board (ICB) find itself on the precipice of further change; ICB's being tasked to be 'pioneers of reform' and evolve commissioning from traditional models that involve transactional contracting with individual providers, to 'strategic commissioning', driving three shifts for health services: from hospital to community, illness to prevention, and analogue to digital.

Understanding the integration work of the NENC CHWN, which embodies the strategic commissioning approach, offers timely opportunity to consider how experiences and key lessons learned may be harnessed, leveraged, and adapted to continue to support system-wide improvements, a reformed future of strategic commissioning, and a renewed shared vision across multi-sector organisations, individuals and communities across the NENC region.

## Methods

An external rapid review of the NENC CHWN's journey of integration was carried out by NENC regional charity North East Wellbeing (February – April 2025), aiming to explore the degree to which the work of the network met five system-wide principles for shared improvement approaches and integration:

1. Defining scope and goals together.
2. Building relationships and trust.
3. Diverse expertise as an asset.
4. Developing shared system leadership.
5. Use an improvement mindset.

The review also aimed to identify barriers and enablers for system-wide integration, key lessons learned to inform recommendations for further supporting integration, and how insight gained from this review might support the ICBs future transition to strategic commissioning. Methods included a desktop review of the network's key programmes of integration and broader workstreams of the network supporting delivery of national and local priorities. This was supplemented by a short questionnaire designed to capture the integration experiences and opinions of key stakeholders within the CHWN.



## Findings

Twenty-six overarching activities and outputs delivered by the network were included in the desktop review, all of which met principles for integration. Specifically, 76% met all five principles, 16% met 4/5, and 8% met 3/5.

The largest proportion of evidence was for the principles of 'Building relationships and trust' and 'Diverse expertise as an asset', evidenced across 100% of network activities and outputs, representing the networks strong sense of connection and collaboration with those outside of the NHS.

'Defining scope and goals together' was evidenced across 92% of activities and outputs, demonstrating the foundation of implementation science upon which the network was built, and 'Use an improvement mindset' was evidence across 89%, signifying the learning culture that is woven throughout the network. 'Developing shared system leadership' was evidenced across 85% of activities and outputs, led by the networks clear governance and leadership infrastructures.



Key barriers to the integration work of the network have all been symptoms of working in a context of great change which is apparent system-wide, with staff reductions, financial pressures, and increasing clinical demands meaning limited time and flexibility. Yet there is certainly no lack of motivation for integrated working across the NENC region, rather it is the context of the wider system that place constraints on successful integration. There are, however, clear relational and operational enablers that have supported the success of integration within the network.

Relational enablers include relationships and trust, modelling, commitment, culture, equality and inclusivity and intention. Operational enablers include shared system leadership, data sharing, clear roles and responsibilities, collaborative commissioning, communication and language, and principles for integration. These enablers are embedded within the CHWN, rooted in a shared vision, shared goals and shared beliefs, and as such may be harnessed and leveraged to overcome system-wide barriers. For example, nurturing relationships and trust can work to overcome the challenges of working in the context of change and uncertainty; an effective and functional collaborative relationship should serve to grow capacity and wellbeing through shared understanding, clear communication, clear roles and responsibilities and mutual respect.

## Conclusion

The CHWN's learning and experience have successfully supported and facilitated the integration of services across the NENC region, and this review evidences the great progress the network has made towards this system-wide integration; connecting multi-disciplinary organisations working across the system of care.

There is still further work to be done to continue to develop system-wide integration, bolster collaborative working between primary care services and acute secondary services, and address system-wide contextual challenges. In addition, the delivery of work that supports the future transition to strategic commissioning will require extensive support for both individuals and organisations. However, the integration experiences and achievements of the CHWN, and the relational and operational enablers that exist at the heart of the network, places the network at the forefront of being able to support the transition to strategic commissioning, and to continue to facilitate shared improvement approaches and integration of services across the NENC region, to enable children and young people to flourish and reach their full potential.



# NENC CHWN Vision

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**The North East and North Cumbria Child Health and Wellbeing Network (NENC CHWN) was established in 2018, developed in partnership with multi-disciplinary organisations working across the system of care. The network's priorities and vision were collaboratively defined by over 1000 professionals and Children and Young People (CYP) and encompass the NHS Long Term Plan Commitments. Its aim is to support organisations to work together to provide better outcomes for children and young people.**

To achieve this, the network has a role in the delivery of the national Children and Young People's Transformation Programme in addition to a broad programme of work based around locally-determined priorities, and the delivery of a pilot programme of integration which established the NENC Children and Young People's Centre for Integrated Care (CiC).

These workstreams represent the CHWN's journey of integration, connecting multi-disciplinary organisations working across the system of care, including primary and secondary healthcare, education, VCSE organisations and Local Authority teams, as well as children, young people and families. These workstreams have been delivered in a context of great change; with staff reductions, financial pressures, and increasing clinical demands, meaning constraints on time, capacity and flexibility to work across boundaries.

Across the North East and North Cumbria (NENC), system-wide improvement is of particular relevance due to its positive impact on historically under-served communities living in areas of deprivation. As the largest Integrated Care System (ICS) nationally with the highest poverty levels outside of London and the highest growth rate of child poverty in the UK, the network has needed to develop integrated models of care to benefit the large volume of disadvantaged children and young people across the region.

Now, in April 2025, the network and the NENC Integrated Care Board (ICB) find itself on the precipice of further change, as, in March 2025, the Secretary of State tasked ICB's to be 'pioneers of reform' and evolve commissioning from traditional models that involve transactional contracting with individual providers, to 'strategic commissioning', driving three shifts for health services: from hospital to community, illness to prevention, and analogue to digital.

Alongside this, the planned abolition of NHS England and clarification of roles and responsibilities between different parts of the health service and the Department of Health and Social Care (DHSC) were announced (NHS Confederation, 2025<sup>1</sup>). These actions are regarded as essential to putting the NHS on a sustainable financial and service footing and ensure a sustainable health and care system for the future.



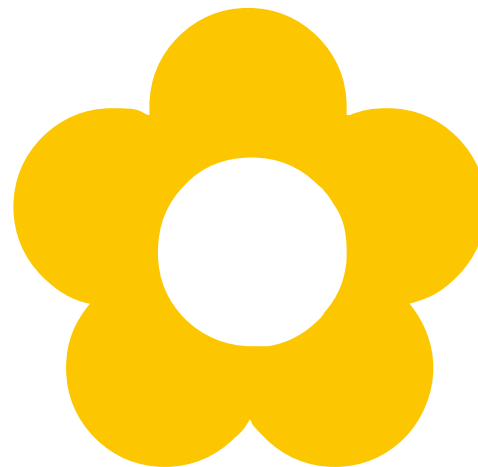
## Specifically, the NHS Confederation (2025) proposes six shifts in the approach to commissioning that ICSs will need to implement:

1. Reactive to proactive: pushing beyond reactive service management to keeping people healthy by better understanding and then proactively addressing populations' health needs.
2. Downstream to upstream: shifting a greater share of resources from downstream acute services to anticipatory interventions in the community and better support for longer-term and complex conditions.
3. Competition to collaboration: replacing organisational silos with genuine partnerships across local government, the VCSE sector and the breadth of the NHS.
4. Transactional to transformational: moving beyond just managing contracts for episodes of care to transforming services and commissioning pathways for population cohorts in partnership with providers and the public.
5. Cost to value: achieving return on investments, not just managing costs.
6. Compliance to leadership: empowering local leaders to lead, innovate and listen, rather than just look upwards for instruction.

With such reform on the immediate horizon at the time of this report, there is a need to understand how the networks experience and learning can support strategic commissioning. Furthermore, this offers timely opportunity to consider how the integration work of the network, which embodies the strategic commissioning approach, may be harnessed, leveraged, and adapted to continue to support system-wide improvements, a reformed future of strategic commissioning, and a renewed shared vision across multi-sector organisations, individuals and communities across the NENC region.

### NENC CHWN Vision

**"In the North East and North Cumbria we believe all children and young people should be given the opportunity to flourish and reach their potential, and be advantaged by organisations working together"**



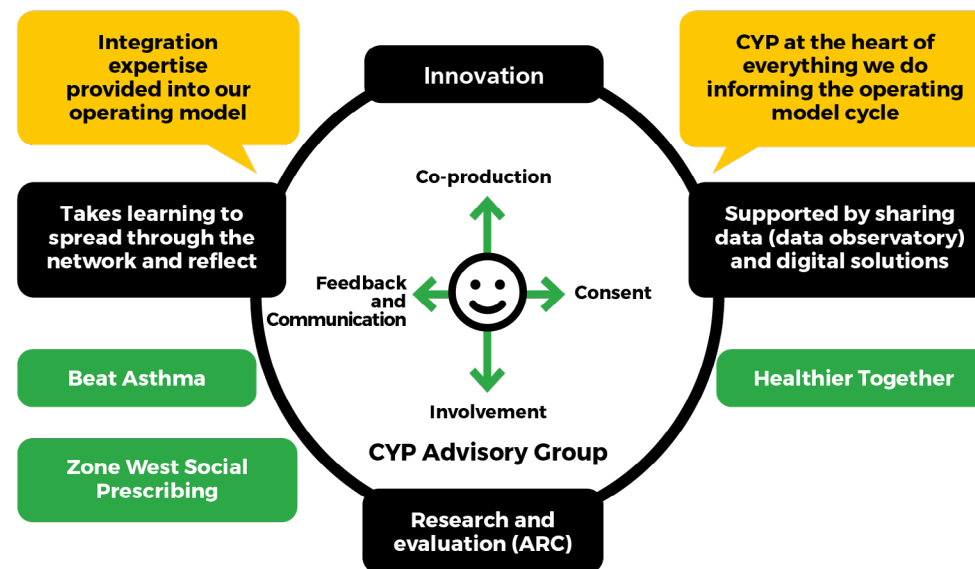
# NENC CHWN: A Test Site for Integration

In addition to delivering on national and local transformation programmes for CYP, in 2021, the CHWN's Integration Pilot set out to deliver multiple integration models for children and young people across the NENC region at pace over four years.

The network was funded as an NHS England test site for integration, and from this, the NENC Children and Young People's Centre for Integrated Care (CiC) was established. This centre was designed to connect expertise and relevant organisations with a four-year objective of establishing a team of Fellows and Clinical and Managerial support to launch the CiC, and utilise expertise to enable the spread of integration in the NENC region.

Figure 1 depicts the operating model for the CiC, which demonstrates integration at many levels; each of the four stages, innovation, data, research and evaluation, and learning, required the system to pull together across its organisational boundaries to deliver the wrap around support and guidance to make the projects successful.

Figure 1: Operating model for the NENC Children and Young People's Centre for Integrated Care (CiC).



The CiC also included some key programmes of integration, including Beat Asthma and Breathe, an initiative incorporating the National Asthma Care Bundle, Zone Boro, where Link Workers delivered social prescribing whilst based in primary schools, the Healthier Together Website, a core information resource for the whole of the NENC including professionals and parents/carers, and the set-up of Integrated Health Hubs in schools. In addition to key programmes of integration, the networks broader delivery of national and local programmes for CYP built a portfolio of activities (e.g., governance, projects, programmes, partnership initiatives, network huddles, awards, websites) and outputs (e.g., reports, documents, presentations, data) that represented cross-sector integrated approaches to transforming the lives of CYP in NENC.








# Approach to Integration

Integrating health and care requires system-wide collaborative improvement to increase the scale of impact for the most deprived populations. System-wide improvement is built on relationships and trust, it's not a quick fix but an opportunity to unlock transformational change for a generation – delivering the benefits to our young people of today – improving their potential health outcomes and behaviours as the future adult NHS users for the next century.

The networks approach to integration was aligned to recognised engagement and improvement models including five system wide principles for shared improvement approaches and integration developed by the Q community, NHS Confederation and the Health Foundation (Q Community, 2024<sup>2</sup>) (Table 1).

**Table 1. Five system-wide principles for shared improvement approaches and integration (Q Community, 2024<sup>2</sup>).**

| Principle   | Definition  |
|---|---|
| <b>1. Defining scope and goals together</b><br>     | Defining scope and goals together aims to support sustainable improvement by 'bringing every voice to the table', highlighting the importance of involving stakeholders from across the whole system in defining how shared approaches can add value. It considers the use of common language for different organisations, shared approaches for problem-solving, whilst also recognising challenges at operational and workforce levels.   |
| <b>2. Building relationships and trust</b><br>      | Building relationships and trust underpins the success of shared improvement approaches across the system. This principle highlights the value of making connections with those outside the NHS, those who have had less engagement and support in improvement, and finding opportunities to collaborate with individuals and teams from different organisations and sectors.   |
| <b>3. Diverse expertise as an asset</b><br>         | Recognising that every role has value and that we are stronger together. This principle focusses on understanding the different starting points and improvement capability in the system, respecting diverse experiences and ways of working, and seeing these as assets offering different strengths. This supports system-wide improvement to be more accessible, inclusive, practical, and productive.   |
| <b>4. Developing shared system leadership</b><br> | This principle ensures there are improvement leaders at every level of the system. It highlights that making progress on a shared improvement approach requires collective ownership and leadership. This can be supported by identifying the different roles needed to develop and make a success of shared improvement approaches and who is most suitable to lead each part. It also requires the consideration of what might be helpful at the system level, for breaking down siloes, and framing shared problems. |
| <b>5. Use an improvement mindset</b><br>          | The use of an improvement mindset requires us to have a clear shared idea of what we want to achieve. This involves trying out different things, learning from them and making changes. It means not being afraid to fail and learning from what doesn't work, as much as what does work. Developing a shared improvement approach will be a cultural, as much as a technical, shift. It takes time, and the approach will likely need to adapt as the context changes.   |



# Reviewing the NENC CHWN's Journey of Integration

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**Integration Experiences**



**Barriers to Integration**



**Enablers for Integration**

## Aims of the review

This rapid review aimed to explore the networks journey of integration, and the degree to which the five system-wide principles for shared improvement approaches and integration have been met by network activities and outputs, including key programmes of integration and broader workstreams of the network supporting delivery of national and local priorities. This also included the consideration of:

- the integration experiences of network members and leaders,
- the identification of barriers and enablers for system-wide integration,
- key lessons learned to inform recommendations for further supporting integration,
- how insight gained from this review might support the ICBs future transition to strategic commissioning.

## Methods

The review was carried out externally to the network by regional charity North East Wellbeing over a 3-month period, February-April 2025. The methods chosen were those appropriate for this short time-frame and volume of work, and those which would provide a rapid overview of the integration activities of the network to inform learning. As such, this is not a comprehensive review and there may be some elements of activity that have been missed.



## 1. Desktop Review

A desktop review was carried out with the aim of collating the activities and outputs of the CHWN workstreams that have been achieved over the seven-year integration period (2018-2025), and understanding the degree to which these activities and outputs evidence system-wide integration. Activities and outputs reviewed were those provided by the network to North East Wellbeing and included:

- Governance and leadership infrastructures
- Projects, programmes and partnership initiatives
- Websites
- Events
- Reports, documents, presentations
- Awards

Within each of these, multiple reports, documents, presentations etc. were included as evidence to inform the review. Each activity or output was coded against the five principles for successful integration of health systems and the development of system-wide improvement approaches to indicate whether they did/did not evidence each principle. This categorisation then informed a narrative synthesis of exemplary evidence for each principle.

## 2. Integration Experiences Questionnaire

A short questionnaire was designed to capture the integration experiences and opinions of key stakeholders within the CHWN, supplementing the concrete network activities and outputs. The questionnaire included 3 key questions:

1. What has worked well (i.e., key drivers/enablers) to support the integration of services and activities within the CYP system?
2. What has been a challenge/barrier for integration?
3. What has been your own experience of integration, how has this affected your role?

Prompts and examples to support reflection were included within the questionnaire. Questionnaire responses were coded against the five principles for successful integration, and inductive thematic analysis identified any additional themes that represented barriers and enablers for integration. Quotes from survey respondents that describe barriers and enablers relevant to the five principles supplemented the narrative synthesis of evidence.

## Findings

Twenty-six overarching network activities and outputs were reviewed for evidence of system-wide principles for shared improvement approaches and integration. Table 2 displays which of these evidenced each principle. Further information about each network activity and output may be found at <https://nenc-healthiertogether.nhs.uk/professionals/child-health-and-wellbeing-network-chwn-shared-resources>



**Table 2: Activities and outputs of the CHWN that evidence each system-wide principle for shared improvement approaches and integration (alphabetical order).**

| CHWN Activity/Output   | Define scope and goals together | Build relationships and trust | See diverse expertise as an asset | Develop shared system leadership | Use an improvement mindset |
|--|---------------------------------|-------------------------------|-----------------------------------|----------------------------------|----------------------------|
| 1. Asthma programme  | ✓                               | ✓                             | ✓                                 | ✓                                | ✓                          |
| 2. Chris Drinkwater Creative Health in Primary Schools Award |                                 | ✓                             | ✓                                 | ✓                                | ✓                          |
| 3. CHWN Impact report  | ✓                               | ✓                             | ✓                                 | ✓                                | ✓                          |
| 4. CHWN website  | ✓                               | ✓                             | ✓                                 |                                  |                            |
| 5. CHWN Child Health Tuesday- weekly email bulletin          | ✓                               | ✓                             | ✓                                 | ✓                                |                            |
| 6. Core leaders, governance and network advisors             | ✓                               | ✓                             | ✓                                 | ✓                                | ✓                          |
| 7. Core20PLUS5 for Children and Young People in NENC         | ✓                               | ✓                             | ✓                                 | ✓                                | ✓                          |
| 8. Creative Health workstream                                | ✓                               | ✓                             | ✓                                 | ✓                                | ✓                          |
| 9. Epilepsy Project  | ✓                               | ✓                             | ✓                                 | ✓                                | ✓                          |
| 10. Facts of Life Report                                     | ✓                               | ✓                             | ✓                                 | ✓                                | ✓                          |
| 11. Health & Care Research in Education                      | ✓                               | ✓                             | ✓                                 | ✓                                | ✓                          |
| 12. Healthier Together Learning Sessions                     | ✓                               | ✓                             | ✓                                 | ✓                                | ✓                          |
| 13. Healthier Together website                               | ✓                               | ✓                             | ✓                                 | ✓                                | ✓                          |
| 14. Huddle events  | ✓                               | ✓                             | ✓                                 | ✓                                | ✓                          |



|  |   |   |   |   |   |
|--|---|---|---|---|---|
| 15. Integration health hub feasibility pilot                 | ✓ | ✓ | ✓ |   | ✓ |
| 16. Little Explorers And Parents and families (LEAP)         |   | ✓ | ✓ |   | ✓ |
| 17. Poverty Proofing Healthcare                              | ✓ | ✓ | ✓ |   | ✓ |
| 18. South Tees ARts Project (STAR)                           | ✓ | ✓ | ✓ | ✓ | ✓ |
| 19. Strategic Oversight Group Terms of Reference             | ✓ | ✓ | ✓ | ✓ | ✓ |
| 20. Strategic Engagement Group Terms of Reference            | ✓ | ✓ | ✓ | ✓ | ✓ |
| 21. Tackling Inequalities in Children (TIC)                  | ✓ | ✓ | ✓ | ✓ | ✓ |
| 22. Tackling Respiratory Illness in poverty Together (TRIPT) | ✓ | ✓ | ✓ | ✓ | ✓ |
| 23. Transitions: Developmentally Appropriate Healthcare      | ✓ | ✓ | ✓ | ✓ | ✓ |
| 24. Trylife research and innovative film                     | ✓ | ✓ | ✓ | ✓ | ✓ |
| 25. Young Advisors manifesto and Theory of Change artwork    | ✓ | ✓ | ✓ | ✓ |   |
| 26. Zone Boro Social Prescribing                             | ✓ | ✓ | ✓ | ✓ | ✓ |

Table 2 indicates that the majority of activities and outputs (76%) included in this review met all 5 principles for integration, 16% met 4/5 principles, and 8% met 3/5.





# Principle 1: Defining scope and goals together

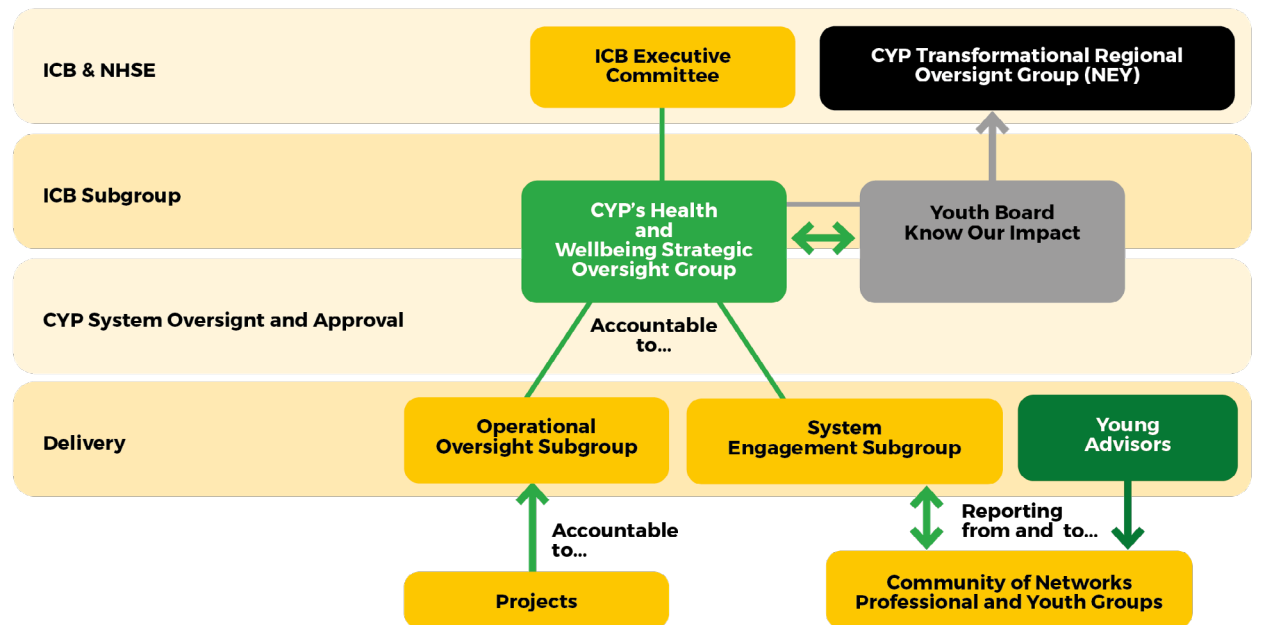
Defining scope and goals together aims to support sustainable improvement by 'bringing every voice to the table', highlighting the importance of involving stakeholders from across the whole system in defining how shared approaches can add value. It considers the use of common language for different organisations, shared approaches for problem-solving, whilst also recognising challenges at operational and workforce levels.

## Bringing every voice to the table

The governance and leadership structure of the CHWN has been a fundamental mechanism for bringing every voice to the table and allowing the scope and goals of the network to be defined collaboratively. Figure 2 displays an overview of the governance structure of the network, within which the Strategic Oversight Group serves as a connection between the executive committee of the ICB and the voices of children and young people, system leaders, and project delivery.

The voices of children and young people have played, and continue to play, a central role in defining the scope and goals of the network, and of workstreams across the system. This has been facilitated by the Young Advisors, a group of 11-18-year-olds who are the youth board for the CHWN. The Young Advisors Manifesto and Theory of Change ensures their voices are heard and outlines how CYP, the network and wider organisations can communicate to make decisions about children's health and wellbeing.

Figure 2. Governance structure of the Child Health and Wellbeing Network.





## Barriers to Integration

**'The scale of the task with limited programme resource / short term funding etc. – by definition the ambition is one that needs a longer term view and system plan.'**

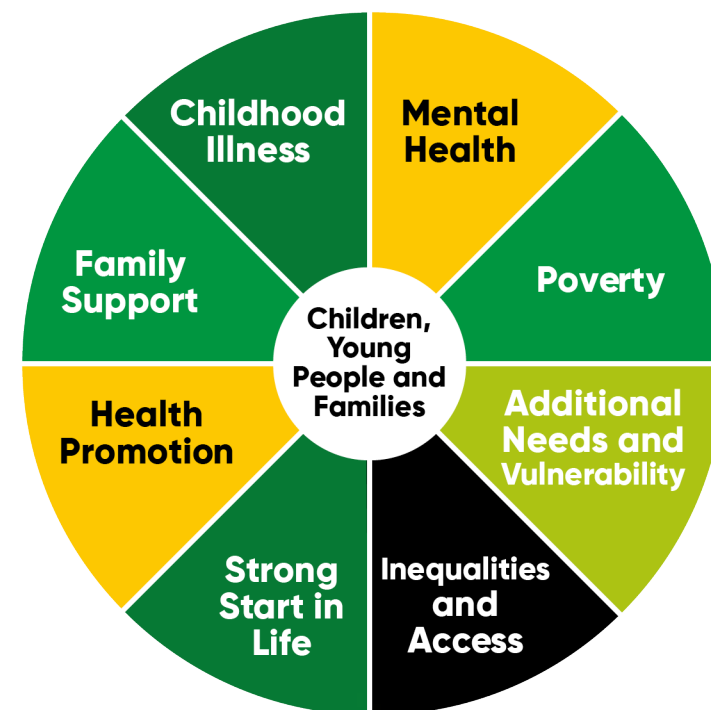
**Dr Ria Willoughby, Consultant Paediatrician, Deputy Medical Director at CDDFT.**

Young Advisors are therefore always involved in decisions that affect young people from the very beginning so they can shape policies and practices. They also facilitate engagement with other CYP across the region who have different needs to ensure a wide range of voices contribute to defining the scope and goals of the network. However, absent from an advisory role within the network, although featured within projects, programmes and initiatives, are the voices of younger children, for example, those of primary school age, 7-11-year-olds.

These younger voices may provide ideas and opinions that direct and inform even more upstream working; earlier intervention and prevention. This is particularly important given increasing physical health, mental health, and wellbeing needs of younger children and the negative long-term impacts of unmet, unidentified or poorly managed needs. In addition, parents/carers can play a valuable role in supporting early identification of needs and the provision of early intervention, bolstering support for children from birth. At present, parents/carers form only a very small proportion (1%) of network members but are referenced frequently within projects and programmes, therefore there may be future opportunities to involve them further, particularly within the contexts of upstream work providing support for anticipatory intervention, as well as more broadly across network activities.

The vision, commitments and priorities of the network were defined through a structured series of engagements with children, young people and the adults who work with them across all sectors (three conferences, several workshops and two large questionnaires). From this work the network's Clinical Lead and core leadership team developed a vision to frame its work that was verified by the system through regional events. Overall, over 1000 young people and professionals, have contributed to the network's 'wheel' framework of priorities (Figure 3).

**Figure 3. NENC Chid Health and Wellbeing Network Priorities.**





## Enablers for Integration

**'The network leadership truly values all sectors and this I believe has really helped create a stronger and more coherent voice for children's services. Underpinning this is a strong commitment to listening to children and young people as well as co-production wherever possible. There is a constant drive to ask "what do our CYP think, what do they want from us..." which is starting to change the way we think and work.'**

**Dr Mike McKean, Consultant in Respiratory Paediatrics and Policy Advisor for CHWN.**

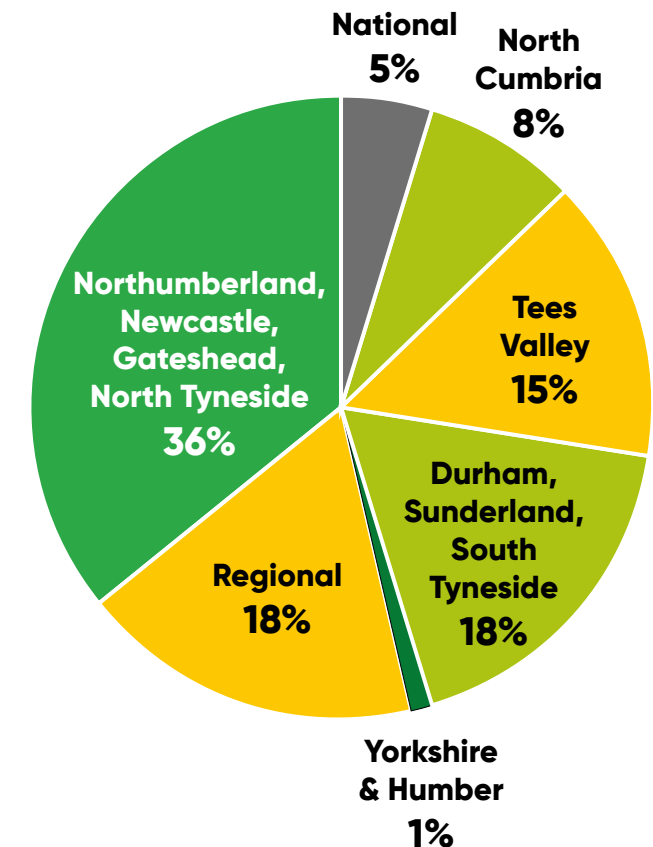
## A shared purpose

In 2021, the network launched its Facts of Life publication which pulled together data from across the region relating to these network priorities.

The report summarised the position of network priorities across NENC as they stood in 2021, and outlined trends over time on a wide range of indicators in the form of risk factors, outcomes, spend, and healthcare usage. The report provided a baseline of the (then) current child health and wellbeing system and highlighted shared goals to work towards; within each chapter a 'Spotlight' statement directed momentum into prominent issues highlighted within the analysis.

The sharing of this data provided a common purpose for regional organisations, communicating shared goals to work towards as well as enabling the monitoring of progress over time. The provision of accessible regional data has also helped to grow region-wide CHWN membership. Figure 4 displays the geographical representation of members as of April 2025 (data from known locations of members only). Monitoring of this data may inform target areas to grow the network, for example, representation across North Cumbria is considerably lower than that of Durham, Sunderland and South Tyneside.

**Figure 4. Geographical representation of Child Health and Wellbeing Network members (April 2025).**





## Integration Experiences

**'[My experience] has been very positive in that we are working together more closely with shared aims and objectives in mind. Hopefully this means that families are receiving clearer and more consistent messages too.'**

**Katie Clarke, Strategic Lead for Early years - Cumberland Council.**

## Co-defining shared approaches

Across each of the integration programmes of the NENC Children and Young People's CiC, there are examples of how the scope of workstreams and goals have been co-defined.

For example, the Beat Asthma programme has involved the voices of young people with asthma, parents/carers, schools, social care services, community nurses, GPs/ practice nurses, asthma nurse specialists, and paediatricians to collectively map and understand the wider pathways and interdependencies of services and settings, and to co-develop the Beat Asthma programme or work across the system.

The Zone Boro social prescribing project involved a 'listening' phase with schools, healthcare professionals, children and parents/carers to understand the priorities and needs of the system at a local level; these informed the development of the social prescribing service, ensuring delivery was contextualised and met identified needs. Furthermore, the scope and goals of the Healthier Together website and resources are collectively set during 'lunch and learn' sessions which bring together a network of multi-disciplinary and cross-sector professionals around specific topics such as oral health, asthma, epilepsy, childhood illness etc. These sessions support a range

of voices to feed into the development of public and professional-facing information, messaging and resources.

Finally, the goals and objectives of the Integrated Health Hub in Schools pilot were set collaboratively through consultation with children and young people, and the local system (Local Authority, Collaborative Commissioning Group (CCG) /NHS 0-19 services / Child and Adolescent Mental Health (CAMHs), VCSE organisations, families and local schools), exploring the benefits of an integrated health setting and their requirements and expectations, and how it would be provided and commissioned.

**Partnership initiatives such as the Tackling Inequalities in Children (TiC) project, South Tees Arts project (STAR) and Poverty Proofing Healthcare have also embedded a range of voices to inform their goals and set work plans.**

The main areas of focus for the TiC project (poverty, mental health, family support and communication), a collaborative arts intervention with wrap-around support for young people and families from deprived backgrounds, were defined by CHWN members across Health, Education, VCSE, and Local Authority, coupled with a robust children and young people voice.





## Barriers to Integration

**'We continue to be challenged by working within a healthcare environment where the majority of sick people are adults. This means we constantly have to shout loud to ensure CYP are not forgotten'.**

**Dr Mike McKean, Consultant in Respiratory Paediatrics and Policy Advisor for CHWN.**

STAR, a dance and arts programme for primary school children living in low-income areas, was co-produced with TIN Arts, Northern Ballet and Public Health South Tees and schools, alongside the CHWN.

The goals of the Poverty Proofing Healthcare programme were informed by existing regional data collated by the CHWN (Facts of Life report and CorezoPLUS5 toolkit) and involved cross-sector goal setting between health professionals and VCSE organisation Children North East.

**The network has a role in the delivery of the Children and Young Person's Transformation Agenda, within which the improvement of services for CYP with long term conditions such as epilepsy, is a key area of priority.**

The network's Epilepsy Programme was the first of its kind in England and Wales, and represented a positive step forward in relation to improvements to paediatric epilepsy care in the NENC. The programme of work has included two projects that have run simultaneously, and both have involved a collaborative approach to defining the scope and goals of the work.

A mapping exercise helped to understand various regional pathways and map gaps (training needs analysis) across the system against the required standards. This included targeted meetings with colleagues from Education, Primary Care, Secondary Care (Clinical Leads and Epilepsy Specialist Nurses) and Tertiary care, as well as input from information gathered as part of the NENC ICS Developmentally Appropriate Healthcare and Transitions Workstream.

A scoping and exploration exercise with Epilepsy Specialist Nurses, clinical leads, mental health leads, and schools, highlighted areas of good practice, good intentions and a clear willingness amongst professionals working with CYP across the system to improve the availability and quality of the mental health support they provide to CYP with epilepsy.





## Integration Experiences

**'I have had such a wonderful and unique experience working cross-sector with the CHWN; enabling me to connect to professionals and organisations who ordinarily we wouldn't come into contact with.'**

**Anon, Executive Headteacher.**



**Another workstream supporting the CYP Transformation agenda, the Transitions project which aimed to champion developmentally appropriate healthcare and seamless healthcare transition from adolescence into young adulthood, carried out a scoping survey with the Chief Executive Officers and Directors of Nursing from nine NHS Foundation Trusts across the region to identify priority groups and services for inclusion in the project, and identify barriers and enablers for transition.**

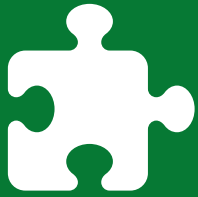
A feedback loop was put in place whereby survey findings were presented to the GNCH Youth Forum for their opinion regarding priorities for improvements in transitional care, resulting in a prioritised set of recommendations for the programme to take forward.

## Capturing barriers and enablers for collaboration

Each of these projects and programmes have involved collaborative working between colleagues and clearly collaboration across sector boundaries as well as that with children, young people and families, has been a key mechanism supporting integrated working. The process of collaboration draws on relationships, communication, trust, and clear roles and responsibilities. However, it also requires time, capacity and the commitment of all stakeholders. These enablers and barriers for integrated working exist across the whole-system and are likely to remain as system-wide changes to ways of working are implemented, and benefits to workforce capacity are realised.

Carving out further opportunities to explore specifically what the barriers and enablers of collaborative working are when resources such as capacity, time and commitment are limited or stretched, may support the manipulation of these to maximise integration and collaborative working. This may also be particularly pertinent to support a future system-wide transition to strategic commissioning.





## Principle 2: Building relationships and trust

**Building relationships and trust underpins the success of shared improvement approaches across the system. This principle highlights the value of making connections with those outside the NHS, those who have had less engagement and support in improvement, and finding opportunities to collaborate with individuals and teams from different organisations and sectors.**

### Making connections outside the NHS

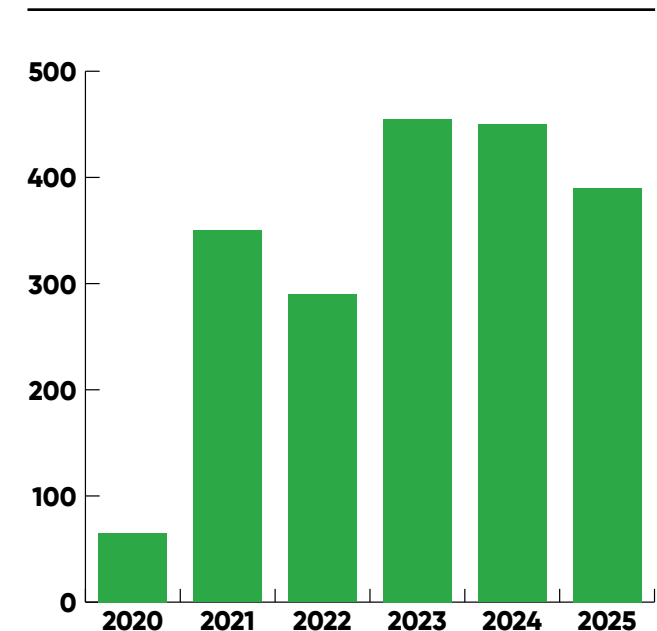
The CHWN brings together multi-disciplinary organisations working across the system, therefore its reach extends beyond those working within the NHS to include VCSE organisations, schools and education, local authority and commissioning services, as well as the voices of children and young people and local communities.

This connection and reach are purposeful and intentional, and there are many examples of how the network has actively sought to make new connections and carry out collaborative working with those outside of the NHS.

Network Huddle events are a key example of a mechanism that connects multi-disciplinary colleagues around a common topic of interest, working to build relationships and trust. 'Huddles' are online meetings held regularly throughout each year. Led by the core CHWN team but involving presentations from network members, they facilitate shared learning and feedback for network activities, programmes and projects, and opportunities for engagement, collaboration and system-wide improvement. To date, 26 huddles have been held with attendance figures ranging from 80-467 but showing substantial and consistent growth over time.

Figure 5 displays the attendance figures pre- (2020) and post- (2021-present day) the integration pilot and delivery of broader workstreams.

**Figure 5: Number of attendees at Child Health and Wellbeing Network Huddle events, 2020–April 2025.**





## Enablers for Integration

**'The CHWN has been a great source of advice, comfort, guidance and wisdom and it has enabled the 'education sector' to bridge the 'healthcare' system. The team have been welcoming, friendly, always approachable and value project work to help overcome notable problems in the system.'**

**Anon, Executive Headteacher.**



**Huddles are considered a reliable and valued source of information for network members and leads. Their consistency, regularity, open invitation format and shared nature of delivery have helped to support the building of relationships and trust between cross-sector colleagues.**

Huddles are also recorded and made freely available for colleagues who are unable to attend, or wider professionals interested in huddle topics and discussions. This provides members with multiple opportunities to engage which is an important enabler for integration in the context of stretched service capacity. Similarly, Healthier Together Learning Sessions provide opportunities for professionals to join regular online 'lunch and learn' sessions or 'champion's briefing' sessions within which professionals present on specific priority topics such as oral health, asthma, epilepsy, back to school, respiratory illness and more. Like huddles, these sessions are also recorded and made available via the Healthier Together website, supporting the sharing of knowledge and insight more widely. As with network huddles, recorded online learning sessions help to overcome the challenge of limited time capacity of members and those working in different

roles with varying commitments, offering flexibility to attend and the opportunity to recap on sessions missed.

The networks Child Health Tuesday- weekly email bulletin is a further example of consistent, reliable communication from the network with its members. These bulletins keep members up to date with current and future projects and opportunities such as funding sources, opportunities to collaborate, to share learning and celebrating success. Furthermore, the shared learning opportunities that the network provide appear to be a central component facilitating a sense of 'community', and therefore, a sense of 'integration'.

Ongoing and long-term engagement with shared learning sessions in the context of limited capacity may however require operational and behaviour change that takes place over time. Colleagues must feel motivated to attend/engage, whereby they see value in it (ideally to such a degree that attendance/engagement becomes a 'habit' and 'automatic'), they must have the social and physical opportunity to attend/engage (for example, they are supported by colleagues who are also engaged, and there are plenty opportunities to attend/engage), and they must have the capability to attend/engage (i.e., they understand how to attend/engage, it is easy, practical and feasible to do so).





## Enablers for Integration

**'Network huddles helped us to launch our Core20PLUS5 framework and gave us the opportunity to explore barriers and enablers for colleagues implementing the framework in their own roles. They have provided connection—we have been able to engage with those working in other sectors, and those from across the region, who otherwise we may not have had the opportunity to connect with.'**

**Dr J Charlton, Child Health Inequalities Advisor.**

## Supporting opportunities to collaborate

The network's ability to collate and share regional data also supports the building of relationships and trust between multi-sector organisations, and supports the identification of opportunities to collaborate. The Facts of Life publication ensured regional data was readily accessible to all sectors and the community; it provided a true and honest picture of the current landscape of needs across the region and this openness not only fosters trust and connection but is a practical tool for collective action.

The NENC Core20PLUS5 for CYP toolkit has built on this intention to make data accessible to all, by creating a NENC version of a national NHS England Core20PLUS5 framework. The regional Core20PLUS5 includes regional data and broad determinants of health inequality as its key priority areas for targeted work. This is with the intention of supporting all sectors to feel they can implement the framework and still work towards regional as well as national priorities for health inequality. In addition, the NENC Core20PLUS5 materials and resources have been designed to support multi-sector implementation of the framework. The accessibility of health data to a broad audience helps to build relationships with different organisations working outside of health.

Integration requires making connections with sectors, organisations and community members that sit outside the NHS, and many of the network's projects, programmes and initiatives exemplify these connections. An example of how the network has sought to build a relationship with the education sector is the collaborative NIHR Clinical Research Network NENC and CHWN Health and Care Research in Education project which explored approaches to enhance access to health and care research within educational settings. This collaborative aimed to explore approaches to enhance access to health and care research within educational settings with the aim of providing more opportunities for children and young people to participate in health and care research across the North East and North Cumbria. A key focus of the project therefore, was the promotion and fostering of relationships, strategies and support networks between the health, education, voluntary and research sectors. Outcomes indicate significant opportunity and desire from stakeholders with different professional backgrounds e.g. health, education, family support etc., to work collaboratively to contribute to a child's life.



In addition, the network funded a Northern Ballet initiative called Little Explorers And Parents and families or LEAP, which offered an accessible way for pre-school children from disadvantaged areas to engage in movement, music, storytelling, and multisensory experiences. LEAP was piloted successfully in five Nursery settings, delivered by Early Years Practitioners and was evaluated by Newcastle University. The Integration Health Hub Feasibility Pilot is a further example of relationships nurtured between education and health. Part of the NENC Children and Young People's Centre for Integrated Care (CiC), this project set up health hubs in educational settings to support CYP in rural communities to access support for health more quickly and easily. Epilepsy projects represent an example of close collaboration between primary, secondary and tertiary care and also the inclusion and involvement of wider stakeholders, including education. Beyond education, projects have also engaged the community. The Transitions project, which aims to champion developmentally appropriate healthcare and seamless transitions for adolescents and young adults, is a successful example of building relationships with parent/carer and youth forums, facilitated by key named contacts, to advise the project. This ensured that the most feasible and acceptable methods of engaging young people and parents/carers were used throughout the project.

Partnership initiatives of the network are other examples of work that build relationships and trust with those outside of the NHS who are likely to have less engagement and support in improvement. For example, the Tackling Inequalities in Children (TiC) and STAR projects have built relationships between the network, the creative arts, education and local authority, and Poverty Proofing Healthcare has established a relationship with VCSE and education sectors. The Creative Health workstream of the network has further supported relationships with creative arts and VCSE organisations and education, for example, the Chris Drinkwater Creative Health in Primary Schools Award celebrates creative health projects in schools that involve collaboration with an artist or arts organisation. This award provides a platform for the voices of schools and arts organisations to be heard, and an incentive that supports engagement with the work of the CHWN. Furthermore, the creative arts work of the network has been celebrated frequently within Child Health Tuesday-weekly email bulletins, including in special edition newsletters for Arts and Creativity, and for Music.

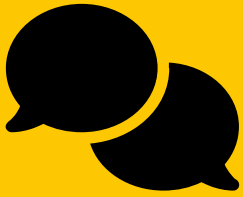


## Barriers to Integration

**'[A challenge to integration is] lack of time for multiagency partners to get together face to face! But meeting online is easier to achieve, although doesn't really allow for the same sharing and development.'**

**Katie Clarke, Strategic Lead for Early years - Cumberland Council.**





## Principle 3: Diverse expertise as an asset

Recognising that every role has value and that we are stronger together. This principle focusses on understanding the different starting points and improvement capability in the system, respecting diverse experiences and ways of working, and seeing these as assets offering different strengths. This supports system-wide improvement to be more accessible, inclusive, practical, and productive.

### Understanding different starting points and improvement capabilities

The value of diverse expertise as an asset is modelled by the network's governance and leadership structures and this filters down to its advisors and membership. This enables the network to capture and understand the starting points of different organisations, and their capabilities for improvement.

Within the networks governance and leadership, advisors and membership, a variety of roles and backgrounds are represented, including CYP transformation, primary and secondary healthcare, service commissioners, public health, VCSE, education, mental health, local authority, higher education academics and research, parents/carers and children and young people. To date (April 2025), the network has 2159 members, including professionals working in various sectors, and parents/carers (Table 3).

**Table 3: Child Health and Wellbeing Network membership representation (April 2025).**

| Sector                          | No. Members |
|---------------------------------|-------------|
| Health                          | 742         |
| Academia & Education            | 433         |
| VCSE & Charities                | 289         |
| Local Authority & Public Health | 210         |
| Mental Health                   | 117         |
| Parents/carers                  | 22          |





## Enablers for Integration

**'The cross-sector approach from the Child Health and Wellbeing Network has been brilliant. Whilst the ICB has provided the impetus and administration, it has felt genuinely equal in terms of power and influence.'**

**Anon.**



**Monitoring of sector representation across network membership supports the identification of opportunities to grow and nurture integration. The lowest number of members are parents/carers; opportunities for the network to grow the involvement of parents/carers in the future may support the implementation of upstream work and deliver anticipatory interventions in the community.**

Over the seven years that the CHWN has been active there have been a number of network leadership and advisory roles supporting network activities and outputs. These roles have evolved over time, with some historic, some currently vacant and some active at present. These roles demonstrate a diversity of cross-sector expertise and relationships nurtured with colleagues outside of the NHS.

The Young Advisors Manifesto and Theory of Change is an example of how the CYP voice has shaped network projects and policies, informing how the network and wider organisations can communicate to make decisions about children's health and wellbeing. This is an example of how the network uses diverse expertise to understand different starting points within the system, and the CYP voice is always at the forefront of activities and decisions. Similarly, Zone Boro was informed by listening to the local community and the voices of CYP, parents/carers, health professionals and schools to understand the different starting points and capability within the system of care across South Tees.

## Leadership and Advisory roles within the CHWN

- Overall Clinical Lead
- Clinical Anaphylaxis lead
- Clinical Primary Care lead
- Clinical Transition lead
- Clinical Lead - Paediatric Asthma
- Clinical Lead - Paediatric Epilepsy
- Clinical Lead - Healthier Together
- System Leader - Education
- System Leader - Public Health
- System Leader - Health
- Community Asthma Advisors (multiple)
- VCSE Advisor
- Education Advisor
- Health Inequalities Advisors (multiple)
- Arts and Creativity Advisor
- Health Inequalities & Migrant Health
- System Leader - VCSE
- System Leader - Cared for Children
- System Leader - Local Authority





## Enablers for Integration

**'Willingness to think beyond the NHS system and to engage with the VCSE, schools, vulnerable and disadvantaged communities and the public has worked well to support the integration of services and activities within the CYP system.'**

**Prof. Chris Drinkwater, Patron, Ways to Wellness.**

## Respecting diverse experiences and ways of working

There are also many examples within specific workstreams of the network of diverse expertise and ways of working supporting region-wide focus. For example, a Digital Marketing Apprentice based within NEYouth supported the Tackling Inequalities in Children (TiC) initiative by working closely with multi-sector teams involved to deliver accessible communications including social media campaigning and planning.

Trylife TV research and innovative film project is a multi-sector project which includes a strong focus on the voices of young people. This involvement has also led the project to become more inclusive and demographically diverse which created project outcomes that were embedded in realistic and real-world contexts, and ultimately enhanced the engagement of young people with the project. The participation of young people in Trylife has also meant they have been able to learn about key topics across health and wellbeing- the creative element of film and TV has been a valuable enabler for engagement and subsequently a conduit for the provision of education.

## Supporting accessible, inclusive, practical, and productive improvement

The 2020 Impact Report laid out the network's plan to achieve its vision and priorities, highlighting 'learning from others' as a key enabler for achieving this. The network has created opportunities for shared learning such as the aforementioned network Huddles, Healthier Together Learning Sessions, and the involvement of Young Advisors. In addition, all the Network's publications are developed for the whole system to access and benefit from, regardless of organisation or expertise. For example, the Facts of Life publication is an accessible source of regional data for 'everyone working with children, young people and families'.





## Integration Experiences

**'A key element [of my integration experience] is the relationships it develops, the recognition and understanding of areas out with own personal experience or sector and the opportunities for generative conversations, that you can then contribute to and feed into other elements of work. It provides a more stimulating role and opens you up to the art of the possible to actually deliver better outcomes for our CYP.'**

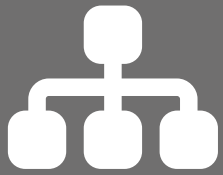
**Dr Ria Willoughby, Consultant Paediatrician, Deputy Medical Director at CDDFT.**

**In 2022, the NENC Core20PLUS5 for CYP framework was developed in collaboration and consultation with the network's Young Advisors. This is an approach to support Integrated Care Systems to reduce health inequalities; it defines a target population cohort and identifies '5' focus clinical areas requiring accelerated improvement.**

The framework supports the delivery of national Core20PLUS5 priorities, however, the NENC framework was specifically designed to engage a range of users with diverse expertise to work towards reducing health inequalities. Supporting materials are therefore designed to be accessible to a range of audiences working with children and young people across the system and region, regardless of expertise in health inequalities.

There is also flexibility within the framework in how it may be applied to different workstreams, therefore supporting people who may have different starting points and different improvement capabilities to contribute to health inequalities. Resources are also designed to support the CHWN to capture Core20PLUS5 activities and challenges across the system and region, allowing a feedback loop for network learning. However, further work is required to understand how different users are implementing the framework across varying roles and contexts and the barriers and enablers for implementation, recognising the stretched capacity of all sectors.





## Principle 4: Developing shared system leadership

**This principle ensures there are improvement leaders at every level of the system. It highlights that making progress on a shared improvement approach requires collective ownership and leadership. This can be supported by identifying the different roles needed to develop and make a success of shared improvement approaches and who is most suitable to lead each part. It also requires the consideration of what might be helpful at the system level, for breaking down siloes, and framing shared problems.**

### Identifying improvement leaders across the system

The Strategic Oversight Group (SOG) of the CHWN outlined its intended network membership at inception to ensure that all levels of the system were represented and support shared system leadership, including:

- Voice: of children, young people and families, including partnership with the Youth Board and ICB Patient Voice Group.
- ICB Governance: ensuring links across the evolving ICB/ICS governance structures, including the Executive Committee, NENC Local Authorities & Health and Wellbeing Boards, Central, North Cumbria, North, and Tees Valley Area Integrated Care Partnership, Primary Care Strategy & Delivery, Mental Health Learning Disability Autism, All age Continuing Care Strategic Transformation Group, Healthier and Fairer advisory Group, SEND, Safeguarding, and Patient Voice.
- System: ensuring links across the breadth of the system including Local Authority, Voluntary sector, Clinical, Education, and Public Health.

Professionals and focus areas: ensuring the breadth of expertise including CYP Transformation, Primary and Secondary Care, Mental Health, Autism and Learning Disabilities, Commissioning, Research, Data and Digital, Maternity, Population Health, 0-19 services, Criminal Justice, Health

Innovation, and 7 'Know Our Impact' areas of focus (mental health, learning disabilities, positive relationships, poverty, bullying, safety, LGBTQ+).

### Collective ownership and leadership

The CHWN Strategic Engagement Group (SEG) is a mechanism that supports collective ownership and leadership by actively supporting the collaborative delivery of engagement and communication activity for the Network. The group aims to bring together stakeholders from different parts of the child health and wellbeing system to share knowledge, intelligence, learning and best practice, including disseminating key messages and opportunities for involvement, in a 'Community of Practice' style. Sub-groups enable effective management of the network's programme of work and report to the network's Executive Board. Two groups were established to achieve this, and these are accountable to the Executive Board: Operational Oversight Group and the System Engagement Group. SEG meetings have a minimum attendance of one of the co-chairs, with an Executive Board and Programme Management member, Local Authority, VCSE, Health, Education and CYP perspective.





## Barriers to Integration

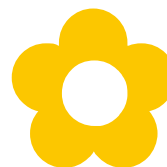
**'Within the education sector the biggest barrier for integration is workload...finding time to integrate outside of the working week is hard. Our funding is so limited, there is little time for innovation and creativity - we are all just trying to make the best we can, with the resources we have. There is sadly no surplus funding in our budgets to allow for cross-sector integration.'**

Anon, Executive Headteacher.

## Breaking down siloes

The network's up-front, intentional mapping and design of shared system leadership supported the transition away from silo working of system-wide groups, towards identifying and tackling shared problems together. Supplementing this, the networks Facts of Life publication and Core20PLUS5 framework that include accessible region-wide data have been catalysts to growing shared system leadership. The Facts of Life publication was reviewed by the then Chair of the Directors of Public Health for the North East (NE) CYP group, and the data supported all sectors and organisations of all sizes to deliver targeted support, to access funding, and to understand the needs and priorities of CYP in their immediate locality. Similarly, the Core20PLUS5 framework and its materials have been designed with diverse multi-sector organisations in mind, and aim to support shared system leadership.

CHWN Huddles and Healthier Together Learning Sessions further encourage inclusivity by engaging cross-sector colleagues and offering the opportunity for learning from local teams and organisations, 'on-the-ground' and/or 'front-line' service delivery.



The networks Young Advisors are also involved in the shaping policies and practices, advising decisions that affect young people, and facilitate engagement with other CYP across the region to ensure a wide range of voices contribute to the work of the network. They therefore have a key leadership role for CYP across the region and within the network.



## Enablers for Integration

**'The network has really helped bring together children's leaders from across all sectors that work with them, whether this is health, education, social services or the voluntary sector.'**

Dr Mike McKean, Consultant in Respiratory Paediatrics and Policy Advisor for CHWN.





## Barriers to Integration

**'Better integration of primary care services with acute secondary care services remains the biggest challenge. There is a need for a named community paediatrician to work collaboratively with emerging integrated neighbourhood teams particularly in disadvantaged areas that generate the greatest demand on hospital services.'**

**Prof. Chris Drinkwater, Patron, Ways to Wellness.**

## Identifying key roles and responsibilities

Establishing key named colleagues as 'links' between teams and organisations can support collaborative working. Partnership programmes such as Zone Boro and the Asthma Programme are examples of how network programmes have developed shared system leadership with key named colleagues and clear roles and responsibilities.

Zone Boro's model of cross-sector integration addresses physical, mental health, and social needs by working with schools, primary care networks and secondary acute and mental health care, and the Asthma Programme has established a core steering group with cross-sector representation from community and health, nurses and pharmacists and named leads for asthma care. Partnership initiatives like STAR, a joint arts and health funded initiative, was initiated by the CHWN, delivered by TIN Arts, and developed in collaboration with multi-sector regional partners, including local primary schools, academic researchers, VCSE organisations including Children North East and Northern Ballet, and the South Tees public health team. Out of this initiative the networks Arts and Creativity Advisor role and Creative Health Champions were created, demonstrating how system leadership across the network has evolved and grown over time.

Similarly, Tackling Inequalities in Children (TiC), a partnership of STAR involved shared system leadership and collaboration between the CHWN, VCSE organisations including TIN Arts, Children North East, NE Youth and Youth Mental Health and local authority, as well as the involvement of a TiC Digital Marketing Apprentice. Trylife TV, a research and innovative film project involving schools, CYP, VCSE organisations, academic institutions and health, was governed by regular board meetings with this cross-sector representation, including Trylife leads and CHWN, William Howard school, North Cumbria CCG, and Maternity and Perinatal Mental Health Networks.

However, there is still more work to be done to better support collaborative working, in particular that between primary care services and acute secondary services. There are also challenges in establishing shared system leadership due to the current contexts and capacity of leaders within the NHS, as well as geographical barriers, for example, those working in more rural areas where services are geographically less connected. These challenges are not only evident within the NHS but are present across all areas of the system, including education and VCSE sectors. However, having named colleagues and clear roles can support the visibility of key points of contact and essentially may act as the 'glue' connecting a network of cross-sector colleagues.





## Barriers to Integration

**'In Cumbria, the geography of the health region has been an issue - North Cumbria is a small part population-wise and so tends to be less well connected. Equally child health (NHS) is not as integrated as some parts of adult health (frailty, waiting well, discharge from hospital etc), and the divide between adult and child services often complicates the issue and means child health is left behind.'**

Anon.

One approach to supporting engagement and commitment of system leaders is establishing clear governance and operational infrastructures. These offer the opportunity to bring together leaders that are connected via a shared vision or goal.

Within the CHWN, the Asthma Programme steering group has identified key roles and responsibilities and systems of accountability to collaboratively develop and implement effective services and secure committed leaders. Similarly, the Transitions Project, championing developmentally appropriate healthcare and seamless healthcare transitions for adolescents and young adults, also established a core Leadership Group with key roles and responsibilities defined (including clinical leadership and project management), and clear Terms of Reference (ToR) were created to facilitate service improvement. Steering and core leadership groups are not only opportunities to bring together colleagues working in different sectors under a shared vision or goal, but opportunities for shared learning between sectors, and for bolstered support for projects, programme or initiatives.



## Barriers to Integration

**'The NHS is under huge pressures and ensuring we have good engagement from clinical leaders remains a challenge.'**

**Dr Mike McKean, Consultant in Respiratory Paediatrics and Policy Advisor for CHWN.**





## Principle 5: Using an improvement mindset

**The use of an improvement mindset requires us to have a clear shared idea of what we want to achieve. This involves trying out different things, learning from them and making changes. It means not being afraid to fail and learning from what doesn't work, as much as what does work. Developing a shared improvement approach will be a cultural, as much as a technical, shift. It takes time, and the approach will likely need to adapt as the context changes.**

### Establishing clear shared goals

The network has an improvement mindset foundation which was instilled at the System Transformation programme that original Core leaders attended at the networks inception. This supported the network to build intentional integration partnerships which gave a shared idea of what the network wanted to achieve together, and was a key enabler to secure commitment to be part of the goal the network had all signed up to achieve.

The networks original call to action also reflects this improvement mindset: 'we need more than a network. Help us create a movement'. The language used here, 'movement', implies collective action, energy and social change, more so than the passivity of 'network'. This language use is purposeful, intentional, and powerful to generate a sense of community or togetherness.

Since its launch, each of the network's projects, programmes and initiatives have been spawned from the original improvement science upon which it was built; ensuring that quality improvement efforts are evidence-based, and based on the most effective factors, conditions and approaches that facilitate improvement and integration. The principle of an improvement mindset is also modelled in the core components of the operating model for the NENC Children and Young People's Centre for Integrated Care: innovation, sharing data, research and evaluation, and shared learning.

- Innovation involves trying out new and different ideas, and steady progress and learning from mistakes has been part of the networks journey of integration roadmap.
- Sharing of data supports the understanding of need, measurement of progress made and supports targeted provision for CYP across the region.
- Research and evaluation provide insight into the outcomes of different workstreams for children and young people and capture learning,
- Shared learning supports knowledge and understanding of barriers and enablers within workstreams and the opportunity to make changes.





## Enablers for Integration

**'From a culture perspective – we set out our stall at the beginning when we shouted – We need more than a network. Help us create a movement. That is the culture we modelled – our engagement approach was inspired by Marshall Ganz – Leading change: Leadership, Organization & social movements. People sometimes easily forget why things are the way they are – which may not be the result of chance but from a structured and committed approach to enabling young people to thrive.'**

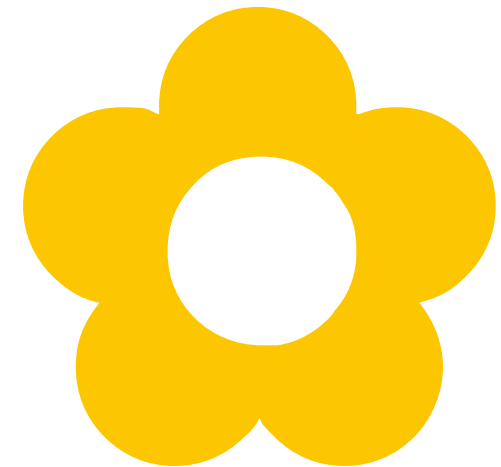
Heather Corlett, Lead the CHWN at the ICB.

## Capturing and sharing learning

The operating model is built upon the premise of enabling innovations to have space to grow and learn from, evidenced in the networks multiple platforms and opportunities to share good practice such as huddles, and project publications which are made openly available to share what worked well and tips from experiences and learning.

The networks Facts of Life publication and Core20PLUS5 framework are examples of how the network has shared local and national data to provide a baseline of the child health and wellbeing system across NENC at the start of the networks integration journey. These reports support a clear shared idea of goals and enable users to target specific populations and specific needs, whilst increasing awareness of the broader determinants of health inequality. For example, a successful joint system-wide bid which targeted deprivation and inequality using regional data funded the Tackling Inequalities in Children (TiC) initiative.

These data also provide a baseline against which progress over time can be monitored. The achievement of goals and progress monitoring are supported by the collaborative infrastructure of the network and the opportunities to reflect and share learning, for example, through huddles, learning sessions, and reports that are produced for each project or programme of work delivered. These local and national datasets however require ongoing maintenance and updating over the years to ensure work remains aligned to current needs and priorities of the region. The use of an improvement mindset therefore is an ongoing and dynamic principle that must remain alive to current contexts.





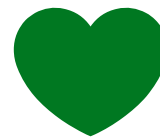
## Barriers to Integration

**'The context within which the pilot has run has been one of great change - both in ICB development and huge staff reductions across Health as well as local authorities and VCSE. This change, coupled with increasing clinical demands creates additional challenges to integration's founding principle - to work across boundaries as organisations have multiple pressures and often prioritise internal demands. The pressure on finance has also hindered the ability for integration pilots to be funded within core services at the end of its initial funding.'**

Heather Corlett, Lead the CHWN at the ICB.

**Research and evaluation in particular feature heavily across the network's projects and programmes. As part of these, challenges and barriers are often explicitly identified, facilitating learning and the opportunity to make changes.**

For example, the STAR project was evaluated by a collaboration between Northumbria University, Teeside University, the University of Huddersfield, and Newcastle University, drawing out success factors such as consistency in delivery, challenges in working in partnership such as drawing together multiple voices and staying connected throughout changes in management, and ideas for sustainability and improvement such as embedding into the school curriculum.



The Zone Boro social prescribing project was evaluated by regional charity North East Wellbeing with supervision from Newcastle University, with quantitative outcomes demonstrating statistically significant positive effects of Zone Boro on children's social and emotional mental health and quality of life, and case studies exemplifying positive effects on children's school attendance, friendships and self-esteem. The evaluation also supported the identification of key challenges to delivery and sustainability of Zone Boro, including lack of local financial commitment to enable continued work, and the programme being introduced at a time of change when the local CCG was being disbanded, with transition to the ICB. There was therefore, significant uncertainty across local statutory bodies in relation to job roles, areas of responsibility and funding commitments moving forward.

The Trylife TV project was evaluated by Sunderland University and highlighted areas in need of strengthening for future delivery, as with other programmes and projects this was mainly linked to increasing capacity and funding. The Integrated Health Hub feasibility pilot report also specifically identified challenges and learning, highlighting that changes in local healthcare systems and school leadership, lack of funding and barriers to data and impact measures, were some of the key challenges faced in developing an Integrated Health Hub.



Poverty Proofing Healthcare delivered by Children North East was informed by engagement work funded by the CHWN that explored key issues affecting families' access to health services. From this key themes and considerations for children, young people and families were defined that shaped Poverty Proofing Healthcare. As the programme has been delivered over time, feedback from participants has been used to support further engagement and delivery.

To demonstrate the impact of Poverty Proofing on the NENC ICB, a video was created that communicated the impact that the work has had for the professionals working in the NHS. This video was made possible with funding from the NENC ICB, the CHWN and Unified Films.



The Northern Ballet Little Explorers And Parents and families (LEAP) project was evaluated by Newcastle University and from this six key recommendations for future delivery were identified based on learning from interviews, focus groups and observations with children, parents and teachers. These focussed on ways to increase capacity and engagement, for example promoting the benefits to staff such as skills, knowledge and confidence, as well as the evidenced benefits to children's school readiness.

The Chris Drinkwater Creative Health in Primary Schools Award actively encourages arts and education organisations to use an improvement mindset as evaluation is one of the elements upon which award entries are judged. The incentive of the award supports a culture of learning and improvement, motivating programme providers to include evaluation and encouraging them to communicate impact.

## A cultural shift towards shared improvement approaches

As defined within this principle, developing a shared improvement approach is likely to be cultural as much as it is technical. Cultural shifts require both mindset and behaviour change as well as the consideration of current contexts of silo and system-level working. The extent to which the integration work of the CHWN has supported and facilitated a cultural shift towards using an improvement mindset is not only challenging to measure as it is implicit and not often referenced explicitly in network activities and outputs, but is likely to require long-term evaluation which explores how improvement approaches become embedded into everyday ways of working across the whole system. However, the integration science, engagement techniques and cycles of learning that are the central to the CHWN are mechanisms that can support local organisations and individuals to adapt both mindset and behaviour, and embed shared improvement approaches.



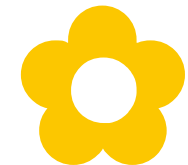
# Integration and Strategic Commissioning

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**The future of reform within the NHS will require ICB's to transition to strategic commissioning and as such, there is a need to understand how the experiences and learning of the NENC CHWN can support this transition, and support the ICB to become 'pioneers of reform.'. The lessons learned from the networks integration journey and in particular it's relational and collaborative approaches and embedded integration science means the network is well-placed to support and mobilise change, and to communicate a renewed shared vision across multi-sector organisations, individuals and communities across the NENC region.**

The transition to strategic commissioning will be one of phased implementation, moving through a time of setting out the vision and establishing support infrastructure, through to embedding cultural change. At a time of such change, stability that draws on the power of relationships, trust, collaboration and commitment will be paramount, as will understanding the barriers and enablers for system-wide integration; each of these the network already provides.

The NHS Confederation (2025<sup>1</sup>) outlines enablers required for the transition to strategic commissioning. Harnessing the learning gained from the networks journey of integration means we can begin to map the networks current position to provide support for the implementation of these enablers (Table 5).



**Table 5. NHS Collaboration enablers for the transition to strategic commissioning.**

| Stage                                 | Enablers required   | CHWN support   |
|---------------------------------------|---|--|
| <b>Joint forward planning process</b> | <ul style="list-style-type: none"> <li>Assessing population needs</li> <li>Alignment with national priorities</li> <li>Defining population outcomes</li> </ul>                | <p>The ICBs CYP Clinical plan has been built upon a population health management approach which is evident in the focus of CHWN projects (i.e., into deprivation or services with the highest Urgent and Emergency Care attendances). There is a key understanding of health inequalities and underserved populations in NENC.</p> <p>The network can further enrich population health data by extensive community and stakeholder engagement to understand real local priorities, and has the capability to use these insights to develop specific, measurable population health outcomes across patient cohorts.</p>       |
|                                       | <ul style="list-style-type: none"> <li>An enhanced incentive structure: payment mechanisms and tariffs</li> </ul>   | <p>CHWN's relational enablers (relationships, trust, ethos of equality and inclusivity) will facilitate and support the journey towards changes in payment mechanisms and tariffs.</p>   |
| <b>System collaboration</b>           | <ul style="list-style-type: none"> <li>Facilitating stakeholder engagement and collaboration</li> <li>Allocating system resources</li> <li>Planning pathway change</li> </ul> | <p>The CHWN can provide support for the integration of services across the entire care system, facilitated by the communication of a clear shared vision and shared accountability of health outcomes. Transferable learning from CHWN multi-sector shared governance and leadership models, and integration programmes/projects, can inform new systems of collaboration. Established relationships with multi-sector organisations and community engagement can support the identification of barriers and enablers for developing shared accountability frameworks, integrated workforce models and shared protocols.</p> |
| <b>Outcomes management</b>            | <ul style="list-style-type: none"> <li>Supporting system transformation</li> <li>Evaluating patient/population</li> <li>Impact, addressing performance gaps</li> </ul>        | <p>Harnessing the relational and operational enablers of integration that exist within the network, such as relationships and trust, data collation and sharing, clear communication and aligned messaging, to ensure stability in times of change to build integrated services and support transformation.</p> <p>Using key principles for integration such as the use of an improvement mindset to evaluate impact, track patient and provider experience and outcomes, and share learning and best practice.</p>  |
|                                       | Oversight, accountability and performance management  | <p>Established shared-system governance structures and developed system representation at the Strategic Oversight Group gives a route into governance across the system to support oversight, accountability and performance.</p>  |
|                                       | Risk management and success metrics   | <p>Support for the measurement of risk and success through established governance, assurance and data dashboard work (i.e. evidenced via the SOG ToR).</p>   |



# Achieving Integration: Key Learning and Top Tips

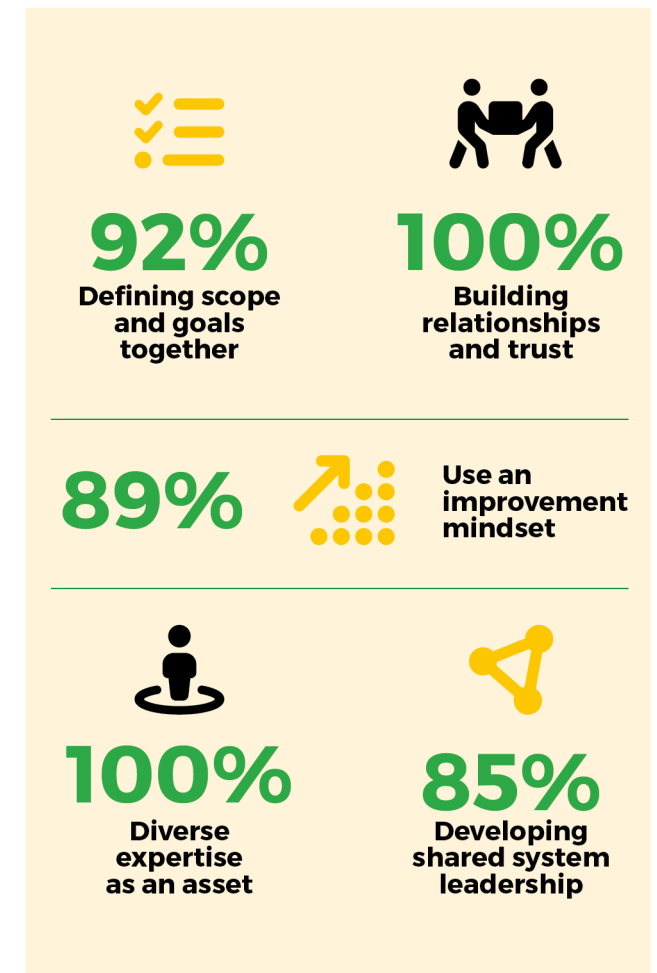
**The NENC CHWN aims to integrate health and care through system-wide collaborative improvement to increase the scale of impact for the most deprived populations, driving forward a shared vision of change for the children and young people of NENC.**

The work of the network to date demonstrates that formative steps have been made towards achieving this vision, evidenced through the implementation of five system-wide principles for integration: defining scope and goals of the network together, building relationships and trust, valuing diverse expertise as an asset, developing shared system leadership, and using an improvement mindset. 100% of the network activity or outputs that were included in this review provided evidence of these principles, and most (76%) met all five of these principles, despite having varying purposes, aims, formats, and outputs.

Figure 6 displays the degree to which each of the five principles were met by network activities and outputs. The largest proportion of evidence was for 'Building relationships and trust' and 'Diverse expertise as an asset'; both of these principles were evidenced across 100% of network activities and outputs. This represents the networks strong sense of connection and togetherness, creating opportunities for collaboration with those outside of the NHS, and showcases the networks upheld values of equality and inclusivity and the opportunity to learn from each other.

'Defining scope and goals together' was evidenced across 92% of activities and outputs, demonstrating the foundation of implementation science upon which the network was built (i.e., a clear shared idea of what the network wanted to achieve), followed by 'Use an improvement mindset' evidenced across 89% which signifies the learning culture that is subsequently woven throughout network activities. Finally, 'Developing shared system leadership' was evidenced across 85% of activities and outputs. The strongest evidence for this principle is the networks clear governance and leadership infrastructures which model shared system leadership that then filters into the projects and programmes, for example in the form of shared-system steering groups, Core Leadership groups, and Terms of Reference documentation.

**Figure 6. Proportion of network activities that met the five principles for system-wide shared improvement and integration.**



Cutting across these principles are key barriers and enablers for shared improvement and integration (Table 6).

Enablers may be divided into those that are 'relational' and those that are 'operational'. Relational enablers include values and principles that support connection with people, whereas operational enablers include resources and activities that support efficiency.

**Table 6. Enablers and barriers to system-wide integration informed by the CHWN's Integration journey.**

| Barriers                                   | Enablers                 |                                  |
|--|--------------------------|----------------------------------|
|  | Relational               | Operational                      |
| Professional capacity                      | Relationships and trust  | Shared system leadership         |
| Lack of time                               | Modelling                | Data sharing                     |
| Lack of, siloed, and/or short-term funding | Commitment               | Clear roles and responsibilities |
| Increasing clinical demands                | Culture                  | Collaborative commissioning      |
| Context of change                          | Equality and inclusivity | Communication and language       |
|  | Intention                | Principles for integration       |

Key barriers to the integration work of the network have all been symptoms of working in a context of great change which is apparent system-wide, with staff reductions, financial pressures, and increasing clinical demands meaning limited time and flexibility. As such, the

ability to 'zoom out', or to adapt practice to work across boundaries becomes more challenging. This is further hampered by crises in adult health affecting staffing capacity, clinical demands and community health, and therefore there is an ever-present risk that children and young people are forgotten. Yet there is certainly no lack of motivation for integrated working across the NENC region, it is the context of the wider system that place constraints on successful integration. The enablers for integration that exist within the CHWN may however, be leveraged to overcome system-wide barriers. Table 7 exemplifies how key barriers for integration may be overcome by the network's enablers. This potential is in part because enablers are embedded within the network, rooted in a shared vision, shared goals and shared beliefs.

**Table 7. CHWN enablers that may be leveraged to overcome key barriers to integration.**

| Barriers to Integration   | Enablers for Integration  |
|---------------------------|---|
| Context of change         | <ul style="list-style-type: none"> <li>• Relationships and trust</li> <li>• Modelling</li> <li>• Clear communication and language</li> <li>• Shared system governance and leadership</li> <li>• Clear roles and responsibilities</li> </ul> |
| Lack of time and capacity | <ul style="list-style-type: none"> <li>• Relationships and trust</li> <li>• Modelling</li> <li>• Clear communication and language</li> <li>• Shared system governance and leadership</li> </ul>   |
| Funding challenges        | <ul style="list-style-type: none"> <li>• Relationships and trust</li> <li>• Collaborative commissioning</li> </ul>  |
| Clinical demands          | <ul style="list-style-type: none"> <li>• Relationships and trust</li> <li>• Shared system leadership</li> <li>• Data sharing</li> <li>• Clear roles and responsibilities</li> </ul>   |



# Achieving Integration: Relational Enablers

## Relationships and trust

Relationships and trust are common overarching mechanisms for successful engagement and integration that are featured heavily across network activities and outputs as well as the experiences of network leads and members. Cross-sector relationships are consistently modelled throughout the network from its governance and leadership, its collaborative commissioning models, partnership projects and programmes, and shared learning opportunities.



**Top tip: Nurturing relationships and trust can work to overcome the challenges of working in the context of change and uncertainty; an effective and functional collaborative relationship should serve to grow capacity and wellbeing through shared understanding, clear communication, clear roles and responsibilities and mutual respect.**

## Modelling

Modelling supports integration by providing a framework for how diversity can be unified into a 'whole'. This may be unifying operational components or unifying perspectives and goals.

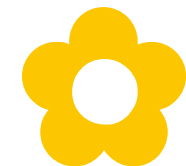


**Top tip: Modelling relational and operational infrastructures of integrated working will support knowledge transfer of 'how-to' as the network leads by example, as well as communicate the feasibility and efficacy of these systems – this will support uncertainty during the transitional phases of strategic commissioning.**

How these can be integrated into a whole is modelled throughout the network, including in its governance and leadership, projects, programmes and initiatives, commissioning and shared learning opportunities. Through modelling the network leads by example, communicating a message that integrated working is achievable, valuable, and worthwhile, not only to its members but also more broadly with colleagues and communities across the region.

## Commitment

Commitment to a common shared purpose is evident across the network from its leadership through to its membership and as such has been a key enabler to integrated working. It is likely, that this is because this commitment was clearly defined when the network began, and has since been carried through by repeated and clear shared messaging. Commitment may be supported through good leadership which models shared commitment, as well as functioning operational infrastructures that support colleagues to feel committed and engaged, i.e., they are not just signed up to the networks vision in mindset, but also feel that integrated working is achievable and worthwhile, and that they are part of a larger social 'movement' or 'group' that is working in this way. Commitment to the vision, therefore, has the ability to overcome challenges and difficult times.



## Culture

The success of the network's integration journey is also due to a culture of integration that has been born out of its foundation of integration science, and is embedded across the network. This means the networks ways of working are automatic and sustainable. For many, however, integrated working can require behaviour and/or mindset change to embed integrated approaches or new ways of working, and this can take time and support.



**Top tip: 1% goals lead to step-change. In a context of stretched capacity, setting intentional, feasible and consistent 1% goals towards integration will support individuals and organisations to work towards greater, more sustainable integrated systems in the longer-term.**

Concepts like the 1% model of change and COM-B model of behaviour change can support people to change behaviour, mindsets, and to embed new ways of working. For example, the 1% concept argues that instead of making large behaviour or system changes that are unsustainable, making small, achievable and consistent 1% changes can incrementally build to step-change over time.

The COM-B model (Michie et al., 2011<sup>3</sup>) is a useful framework to consider the capability, opportunity and motivation of individuals and organisations to work collaboratively and embed integrated operational models.



**Top tip: Frameworks such as the COM-B model of behaviour change (Michie et al., 2011<sup>3</sup>) may help to explicitly audit or put into action, enablers for integrated working, exploring Capability for integration, Opportunities for integration, and people's Motivation for integration. This approach may be implemented at different levels, e.g., at the individual, organisation, leadership, or network level.**

**Some examples how the CHWN can support capability, opportunity and motivation include:**

- **Capability – supporting colleagues to work across boundaries by consistently modelling collaborative working, ensuring clear communication and shared messaging about the expectations and goals of integration, providing clear named points of contact and clear roles and responsibilities that support connection between sectors etc.**
- **Opportunity – providing frequent and varied opportunity for people to work collaboratively and to engage with the network and other sectors, and to share learning.**
- **Motivation – maintaining feedback loops that share learning with network members and those outside the network, ensuring consistency in implementing cycles of learning and action so value from learning is realised, and using clear messaging about the values and impacts of collaborative working whilst tailoring these messages to different audiences.**



## Equality and inclusivity

Equality and inclusivity are relational values that are embedded in the integration of the network and have been key enablers for its success. The network values diversity of expertise, seeing every role, within and outside the NHS as well as that of CYP and parents/carers, as equal. This expertise is actively sought out and learnt from and the sense of inclusivity across the network supports relationships, trust and collaboration.

## Intention

Much of the network, including its governance and leadership infrastructures as well as its commissioning, its on-the-ground work, and shared learning opportunities, are delivered with purposeful intention. For example, whether this be intention to reach out and connect, intention to bring people together, or intention to share learning and regional data- it serves to meet the vision, goals and priorities of the network. These examples all represent small purposeful actions that build to support integration.



# Achieving Integration: Operational Enablers

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## Shared system leadership

The CHWN is led by shared-system governance and leadership with leaders from across the system, region, and with diverse expertise coming together. This represents and promotes unity and common purpose which subsequently filters down into network activities and membership.

There are key aspects of shared system leadership of the network that are enablers for integration:

1. The vision, purpose and goals of the networks integrated system are created collaboratively, focussing on system-wide priorities and objectives rather than those of individual organisations.
2. Siloed systems are broken-down as cross-sector collaboration and communication is fostered.
3. Decision-making involves co-production with professionals, CYP and parents/carers which means the system is responsive and alive to current needs and priorities across the region.
4. The challenges and complexities of integrating different organisations are addressed collectively and there is diversity of expertise working to overcome these.
5. Shared system leadership of the network empowers and supports others to be part of the vision, modelling integration as achievable and effective, and providing resources and capacity that support individuals and organisations to work collaboratively.



**Top tip: Shared system governance and leadership is crucial for enabling integration in complex multi-organisational systems that are also working in the context of change and transition. Including multi-sector organisations, diversity of expertise as well as CYP and parents/carers, offers the opportunity for increased capacity and resource, empowers individuals and organisations, and promotes unity and common purpose.**

## Data sharing

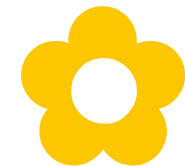
Sharing regional data has provided a common purpose for system-wide organisations and has been a catalyst to growing shared system leadership and project delivery. It aids knowledge and understanding which supports motivation, and is an effective engagement tool to deliver a shared 'call to action', reinforcing a sense of shared goals and connection.



**Top tip: Data sharing is an enabler for multi-sector organisations to come together under a shared vision and to deliver targeted work that's supports clinical demands and community needs, collaboratively. It can support a future of strategic commissioning, by enabling system partners to identify trends, risks and areas for early intervention, as well as ensuring funding is targeted and outcomes based.**

## Clear roles and responsibilities

The network has clear roles and responsibilities outlined in its governance, leadership and advisory roles as well as within its individual projects and programmes. This provides a clear representation of different sectors that are integrated across the network and clarifies the organisational infrastructures of complex multi-organisation systems. In addition, being clear about roles and responsibilities supports the sharing and distribution of work, and ensures there is no duplication of activities so that the 'system' can work efficiently. In addition, establishing key named colleagues as 'links' between teams and organisations can further support collaborative working across complex and diverse systems; this may be particularly valuable during times of operational transition.



## Collaborative commissioning

Collaborative commissioning is a key operational mechanism which enables and facilitates cross-sector integrated working by providing the foundation for collective action. Across the network this is evident in the funding of partnership initiatives, projects and programmes. Collaborative commissioning supports the transition from 'competition', whereby multiple organisations are bidding for the same pots of funding and working in silo, to 'collaboration', where organisations are co-funded, working together and have a shared responsibility for outcomes.



**Top tip: Collaborative commissioning may help to overcome existing funding challenges (i.e., lack of, limited, or short-term funding) by aligning incentives between sectors, reducing competition so opportunities to access funding increase, and supporting organisations to pool resources for a collective greater good and vision.**

## Communication and language

The provision of clear, consistent, and proactive communication and language has enabled the network to share its vision and goals and maintain momentum of activity and a sense of 'togetherness'.

This is also supported by the use of purposeful language, for example, the phrase 'create a movement' used in the networks call to action implies collective action and social change, and shared learning opportunities called 'lunch and learn' advertise an ease of attendance, that this is possible during short lunch-breaks in a world where time and capacity is limited.

Language therefore has the power to portray and evoke emotion and communicate relational enablers like trust, intention, commitment, equality and inclusivity as well as provide a shared call to action. Clear communication and language will be important as strategic commissioning is realised so stakeholders understand the transition and what it means for their role, as well as the network's role in this transition.



**Top tip: Clear communication and language that is consistent and proactive can support 'togetherness' and integration; evoking emotion, communicating relational enablers for integration, and facilitating collective action. It is a valuable tool to support uncertainty and instability during future reform and transitional periods, and will enable the network to hold strong as a community, to build trust, ease anxieties and foster stability by providing clarity and guidance.**



## Principles for integration

A key enabler of integration within the network is that its work has been aligned to key evidence-based principles of system-wide shared improvement and integration. A clear set of principles provides shared goals to meet, which supports engagement and productivity, and the creation of a stronger culture within the network.



**Top tip: Using principles that guide successful integration, such as those developed by the Q community, NHS Confederation and the Health Foundation, provide a useful framework against which integration may be audited and monitored long-term, ensuring the network continues to create a culture of integrated working, i.e., that which is embedded, automatic, and sustainable.**

**This rapid review of the NENC CHWN's journey of integration has provided evidence that great progress towards system-wide integration across the region has already been made. The networks learning and experience have successfully supported and facilitated the integration of services across the NENC region. There is still, however, further work to be done to continue to develop system-wide integration and address challenges due to the contexts of change, capacity, funding and clinical demands. In particular, support for collaborative working between primary care services and acute secondary services may be bolstered, and challenges establishing shared system leadership due to the current contexts and capacity of leaders within the NHS, need to be addressed.**

The network holds enablers for integration that can help overcome system-wide challenges.

New calls for strategic commissioning, aim to better support and facilitate integrated working in the longer-term, but the transitional period within which these changes are realised risks further instability and uncertainty across the system. Integration is a vital enabler of strategic commissioning, and the delivery of work that supports the transition to strategic commissioning will require extensive support for both individuals and organisations, and further support for integration. This will involve ensuring organisations have the capability, opportunity, and motivation to adapt and embed integrated ways of working. Importantly, a key supporting mechanism for this will be providing organisations with stability and guidance as they evolve their operating models to transition from siloed to integrated working. The provision of this support is at the heart of the CHWN. The integration experiences and achievements of the CHWN, and the enablers that the network hold to support integration, places the network at the forefront of being able to support the transition to strategic commissioning, and to continue to facilitate shared improvement approaches and integration of services across the NENC region, to enable children and young people to flourish and reach their full potential.



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# Child Health and Wellbeing Network NENC Integration Pilot

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**Seven Years On**



**ImpactHub**  
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