



Child Health and
Wellbeing Network
North East and North Cumbria

Zone Boro Project



CONNECTING RESOURCES
FOR CHILDREN AND FAMILIES

Key Learning Summary



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Purpose

The purpose of this document is to summarise the learning from the implementation of Zone Boro, for both those interested in **social prescribing models for children** and those interested in the wider learning from replicating a service **into a new area at pace**.

The experiences and some of the tips highlighted may resonate with those familiar with transformation and challenges when implementing pilots but are still of value to those wishing to understand our journey to influence future work.

This document is a summary of the key learning. If you are interested in finding out further details, [click here to access the full report](#).

Aim

The **Zone Boro** project was a 2-year pilot replicating the successful Zone West children's social prescribing model in Middlesbrough for children aged 7 to 11 years, **to demonstrate proof of concept and gain financial commitment to become sustainable at place**. This project is part of the Children's Integration Centre bid for NHS England Children and Young People's Transformation Programme funding, by the North East and North Cumbria Integrated Care Board's Child Health and Wellbeing Network.

The Integration Centre aims to connect expertise and relevant organisations and host the NENC Children's Integrated Care Fellowships. As the largest Integrated Care System (ICS) nationally with the highest poverty levels outside London (and the highest growth rate of child poverty in the UK) we need to deliver **multiple integration models at pace to benefit the large number of disadvantaged young people in our region**. One of the integration models that we wanted to spread at pace was the Zone West model of social prescribing, to benefit the young people within Middlesbrough through the creation of Zone Boro.

Outcomes

(See [appendix 6](#), Zone Boro Outcomes Summary)

- 70 children and families engaged
- Significantly positive effect on the children's social and emotional mental health and quality of life
- Improvement seen by both parents and teachers
- Improvement in children's self-reported expressive and receptive vocabulary

Zone West to Zone Boro challenges and key learning



Introduced at a time of significant system change (CCG to ICB)

Differing commissioning structure and relational maturity between the areas



To have a pre-defined financial envelope to avoid any detrimental impact on delivery

There is a need to quickly establish local knowledge through local providers early in the programme

Full 2 years of operationalised learning was not achieved

Lack of local financial commitment (Health, Local authority and Education)



Where service and Link Worker integration is not prioritised within school, it can alter the perceived impact of the service and subsequently ongoing buy-in from schools

It is essential to ensure Link Workers are integrated fully into the PCN, as if an employee to prevent delays with delivery

The community-based nuances in the replication geography

Challenges

Key Learning

Challenges faced have informed key learning from the project

Mental health supervision can support accelerated progress for children trying to access CAMHS

Conclusion

The purpose of this document is to share a summary of the learning from the **implementation of Zone Boro**, for both those interested in **social prescribing models** for children and those interested in the wider learning from replicating a service **into a new area at pace**.

The Zone West model was successfully replicated to create the Zone Boro social prescribing model in **Holgate PCN and two schools within Middlesbrough**. There were challenges to implementing the service at pace and Zone Boro was unable to secure local funding in the anticipated timeline. Both the children and parents supported by the programme experienced **significant personal impacts**.

A great deal of learning came out of the development of the service and provided some **key questions** to consider when replicating a successful service from one area into another and some **top tips, considerations, and solutions** to address the questions.

Key questions and top tips



Key questions to ask when replicating a service into a new area are:

- What are the key components of the service that must be replicated to ensure its success? i.e. what it is; where does the flexibility lie within the initial structure/ethos of a service?
- Is there opportunity to utilise established relationships and structures within the local area?
- How can you establish a steering group to engage at concept and into operational delivery?
- What is the allocated budget and realistic costs of service delivery with adequate contingency?
- What are the assurance and outcome requirements of all parties involved?
- How will the service record data and manage impact analysis?
- How will you work with local commissioners to ensure ongoing sustainability and become a business-as-usual service?

Top Tips



<p>1: Engage future commissioners in the initial planning phase to support identification of priority schools and PCN's, to ensure the service is considered as part of and complementary to local serviced provision at place</p>	<p>2: Establish a steering group in the initial planning stage of the programme prior to Implementation, to ensure early engagement and buy in from key local partners and future commissioners.</p>	<p>3: Local asset mapping is a useful approach to support Link Worker induction, understanding of local service provision and engaging key stakeholders.</p>	<p>4: Include additional support to get the new service up and running and if project resources allow extend this, balancing levels of support with budget available and value for money.</p>
<p>5: Communication is vital and using both existing routes and new innovations to communicate across a wide range of stakeholders maximises impact. Utilise steering group as well as operation experts in this.</p>	<p>6: Consider local providers to host local services, to utilise existing relationships, asset awareness and provide a place-based approach to recruitment to reduce lead time and maximise impact from outset.</p>	<p>7: Link Worker integration with GP Practices should include non-clinical and administrative staff – knowing names, faces and responsibilities. This will support patient referral to the service and its success.</p>	<p>8: Maximise opportunities to access other funding streams to enhance reach of existing work and opportunities to your target population</p>
<p>9: Consider the allocation of funding to a clinical leadership role with paid dedicated time as a valuable part of a programme team to support, and influence the implementation of the programme within the local PCN.</p>	<p>10: Consider adopting local data collection systems to record outcomes, to reduce costs, ensure ease of local data sharing and quality assurance. This can be extended to other agreed processes such as data sharing agreements.</p>	<p>11: Consider access to a data analysis role within your project team to ensure data collection and data management is effectively delivered to support the demonstration of project impact.</p>	<p>12: Maximise your project's impact at scale by considering value for money in your project plan, so opportunities are not lost, and you can increase reach within your target population. This may help attract commissioners to support subsequent stages of your work and ideally an operational service.</p>

Top Tips cont...



13: When piloting a project at pace , ensure operational delivery starts at the earliest point and outcomes are achievable within the project timeline.	14: Prevent unwavering loyalty to a defined model when introducing a service to a new area by agreeing a few overriding principles, from which operational detail can adapt to local processes and needs.	15: When developing bid proposals at pace try to include larger contingency allocations for gaps that may emerge.	16: Involve Head Teachers and/or key staff within the school setting in the steering group to ensure they understand the importance of integration.	17: Consider how mental health supervision will be provided in a new locality to ensure this is delivered from the outset of the service
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