

Programme evaluation of Beyond Children's Transformation Programme - Final report

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Introduction

The CORC team at Anna Freud was commissioned to undertake an evaluation of the Cheshire and Merseyside Integrated Care Board's Children and Young People's Children's Transformation Programme "Beyond" over the period November 2023 to November 2024.

The aims of the evaluation were to identify, evaluate and share learning on what is working well in the design and delivery of the Beyond Programme and capture any elements for improvement. The evaluation has taken a mixed methods approach, working with local partners to co-construct a theory of change for the programme to underpin this. The evaluation team has drawn on existing data flows and evaluative work, and supplemented these with a qualitative process evaluation to explore change over time from a complex systems perspective. This report sets out the evaluation findings.

Background

More than 2.5 million people live in Cheshire and Merseyside, across nine places; 25% of the population are children and young people (NHS Cheshire and Merseyside, 2024). Cheshire and Merseyside has some of the most deprived areas of the country, with more than 33% people living in the 20% most deprived neighbourhoods, significantly higher than the national average (20%) (Institute of Health Equity, 2021). The average Index of Multiple Deprivation score in Cheshire and Merseyside is 28.6 compared to 19.6 in England (Ministry of Housing, Communities & Local Government, 2019).

Further, austerity policies from 2010-20 in England had a substantial impact on services offered to communities, and subsequently on health and inequalities. This included extensive cuts to local authority budgets in many areas relating to social

determinants of health, for example housing, education, early years, youth services, legal aid and police, and the services offered by the voluntary, community, faith and social enterprise sector (Institute of Health Equity, 2021).

Across Cheshire and Merseyside, over 67,000 children and young people under 16 years old live in absolute low-income families and, in the most deprived communities in the area, this can be 20% of all children and young people. In six places across Cheshire and Merseyside, children are more likely than the England average to receive free school meals, and in the areas of the highest deprivation in Cheshire and Merseyside, this is equal to or double the England average.

Health inequalities (“the systematic, avoidable and unfair differences in health outcomes that can be observed between populations, between social groups within the same population or as a gradient across a population ranked by social position” (McCartney, Popham, McMaster, & Cumbers, 2019) p.28) encompass important physical and mental health outcomes and are primarily linked to disadvantaged socioeconomic circumstances (Pearce, Dundas, Whitehead, & Taylor-Robinson, 2019). The societal costs of health inequalities, with their origins in childhood, have a significant cost to health and social care systems (e.g., more than £5 billion to the NHS and approximately £60 billion in welfare payments and lost productivity). Deprivation is strongly associated with poor health outcomes and people in more deprived communities experience poor health and require care from a much younger age than those living in less deprived communities (Marmot, Allen, Goldblatt, & et al, 2010).

Across Cheshire and Merseyside, many children and young people have greater levels of difficulties than the England average (taken from (NHS Cheshire and Merseyside, 2024):

“Children are less likely to be breastfed at 6-8 weeks; in 6 of 9 Places, children have poorer communication skills at end of Reception than expected England levels; children are performing less well in school readiness / attainment particularly those eligible for free school meals; more school children are classified as overweight or obese at reception and Yr6; a greater proportion of children are within Local Authority care - some Places recording double the England average; significant increases in

children being referred to CAMHS; over 35% of 5 years olds in Liverpool and Knowsley have obvious dental decay”.

Early interventions in early years are critical to long-term health outcomes, particularly interventions that are targeted towards children and young people who face disadvantage, and that are delivered via integrated provision across sectors (Marmot, Allen, Goldblatt, & et al, 2010). A recent worldwide literature review of models of integration between healthcare services or sectors found evidence of perceived improved quality of care, satisfaction and access to care among patients and staff (Baxter, et al., 2018).

The Beyond programme (hereafter referred to as “Beyond”), hosted by Alder Hey Children’s NHS Foundation Trust, was established in 2021 with the aim of giving every child and young person in Cheshire and Merseyside the best possible start in life. Beyond aims to reflect the Place Joint Strategic Needs Assessments (JSNAs), NHS Long Term Plan commitments and Core 20PLUS5 (NHS England, n.d.), and has widened the scope of delivery to ensure a Population Health focus across key priority areas: Respiratory, Diabetes, Epilepsy, Oral Health and Emotional Wellbeing and Mental Health, and additionally Healthy Weight and Obesity and Learning Difficulties, Disabilities and Autism.

Beyond is embedded across the Integrated Care Partnership, with Local Authorities, Directors of Children’s Services and Directors of Public Health, and the voluntary, community and social enterprise (VCSE) sector represented at every level of delivery, from programme workstreams to the Board. Multi-agency leadership and representation is woven through programme delivery and governance, with all priorities linked to the cross-cutting Starting Well themes and Marmot indicators.

Beyond aims to listen to the voices of children and young people, to respond to their needs and to transform their services, outcomes and life chances through integrated work across the partnership. Taking a partnership approach, the programme’s focus has been co-produced, and key to this has been an aim to ‘shift left’: a shift to increase focus on integrated early intervention and prevention work that address wider determinants of health and social outcomes.

Evaluation aims

In 2023 the Child Outcomes Research Consortium (CORC) team at Anna Freud was commissioned to conduct an independent evaluation of the Beyond programme between November 2023 and November 2024.

The overall aim of the evaluation was to identify, evaluate and share learning on what is working well in the design and delivery of the Beyond programme and to capture any elements for improvement.

Methodology

To achieve the evaluation aims, a mixed methods evaluation design was adopted, drawing on structures and research assets already in place, and supplementing these with a two-phase qualitative process evaluation suitable for assessing complex systems (McGill et al, 2020). A co-constructed theory of change is the output from the first part of this process, and also provided a framework for integrating findings.

Programme description and theory of change

In January 2024 we held two workshops with 23 attendees in total, to develop a shared programme description and a theory of change for the Beyond programme. The workshops involved directed discussions facilitated by our team, primarily focused on reflection and critical thinking about how the programme is intended to lead to the anticipated outcomes (please see Figure 1 for the components of a theory of change). As part of this, attendees at the workshops set out current knowledge of each of the following areas:

1. why this particular support is needed
2. who the programme is for
3. what the programme is (its components and activities)
4. what the intended outcomes of the programme are, including short, medium and longer-term outcomes

5. how the programme supports the achievement of these outcomes
6. what assumptions are being made
7. what facilitating factors and challenges there are to this process of change.

We subsequently shared the draft theory of change with senior leadership within the Beyond programme to gather further insight. Through an iterative process of incorporating feedback into drafts, the theory of change was developed.

We then consulted with the young people’s expert reference group (see ‘Participation below) about a revised version of the theory of change. This aided the development of a more visual and accessible representation for wider stakeholder discussion and dissemination.

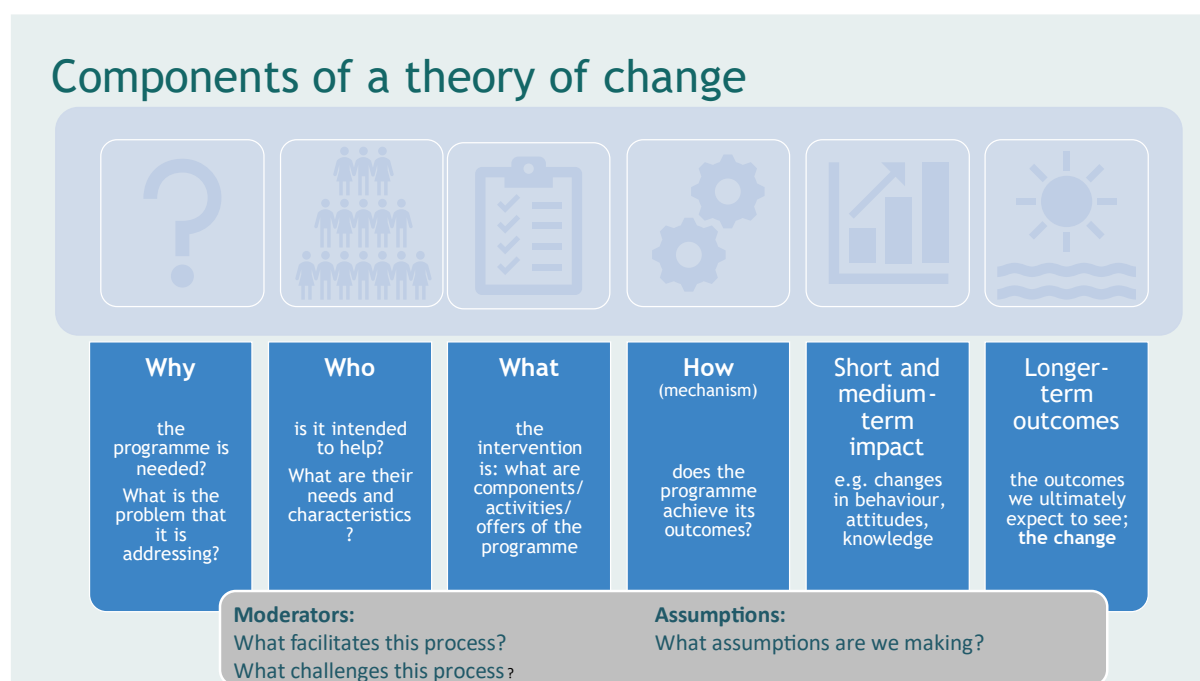


Figure 1: components of a theory of change

Interviews, survey and existing research assets

Between December 2023 and September 2024, we held 19 one-to-one and small group online semi-structured interviews with a total of 25 key stakeholders within and surrounding the programme. Participants were purposively sampled to ensure varied experiences were heard and included senior leaders, workstream leads, data experts and senior stakeholders to the programme. This was supplemented by

an anonymous online survey that was disseminated widely within the programme via the workstreams and completed by 33 people.

We also reviewed four local evaluation reports from 2023 and 2024, from the respiratory and asthma and mental health and emotional wellbeing workstreams. Please see Appendix 2 for a list of reports.

In October 2024, we held one-to-one and small group online semi-structured interviews with one young champion and two parents. Despite our best efforts in collaboration with the Programme team to recruit to these interviews, we had low uptake, so we reviewed a further nine reports and documents from 2024 that captured children and young people's and parent and carers' voices through local evaluation and participation work. Please see Appendix 2 for a list.

Participation

Throughout the evaluation, we continually aimed to integrate the experience of children and young people into our research process. For this reason, we established a young people's expert reference group at the start of the evaluation. Members of the group were recruited via social media, through a project manager working in the Beyond programme. For every round of consultation, attendees were provided with a voucher as reimbursement for their time and participation. We also have a peer researcher embedded into our team, who has been involved in designing and co-facilitating the young people's expert reference group.

At the time of writing this report, we have consulted our young people's expert reference group at three points, with a further meeting being planned to help shape the easy read report summary. When working with the group, we followed the principles of Lundy's Model of Participation (Lundy, 2007).

- April 2024 meeting, introducing the Beyond programme and our evaluation to the group
- June 2024 meeting, presenting the revised theory of change and interview topic guide for discussion: the feedback enabled us to create a simplified version of the theory of change and modify our topic guide

- Email consultation, wherein group members were asked to provide their thoughts on the most suitable format for an easy read summary for children and young people.

The design of the easy read summary will be the final focus for the group.

Findings

This section lays out the programme description and theory of change co-developed with evaluation participants, and then the synthesised findings across data collection strands, by theme.

Programme description

Given the number and breadth of stakeholders involved in Beyond, the complexity of the programme and the system it is integrated within, we were keen to ensure the programme evaluation was underpinned by a clear and shared programme description. The first stakeholder workshop held in January 2024 discussed this and resulted in the development of the programme description below.

- **Beyond:** Cheshire and Merseyside Integrated Care Board’s Children and Young People’s Children’s Transformation Programme, established 2021
- **Aim:** giving every child and young person in Cheshire and Merseyside the best possible start in life, maximising their opportunities to reach their potential.
- The approach to, and scope of, the transformation programme:
 - supporting delivery of NHS Long Term Plan commitments
 - ensuring a Population Health focus across key priority areas: Healthy Weight and Obesity, Respiratory, Emotional Wellbeing and Mental Health, Learning Difficulties, Disabilities and Autism, Diabetes, Epilepsy, and Oral Health
 - transforming services for children and young people, with an emphasis on:
 - listening to the voices of children and young people, and responding to their needs
 - integrated services
 - partnership approach and co-production
 - “shift left”- a shift to early intervention and prevention work that address wider determinants of health and social care.
 - transforming the outcomes and life chances of children and young people

Figure 2: Programme description

Theory of change

Figure 3 below displays the theory of change, as developed through the discussions held in the stakeholder workshops and individual consultations. Please see Appendix 1 for the accessible theory of change developed with young people.

Why is the Beyond programme needed as an intervention?

The Beyond programme reflects Cheshire and Merseyside Health and Care Partnership's commitment to working to improving the health of children and young people, with a focus on reducing inequalities and increasingly preventing ill health and poor outcomes through action on the social determinants of health, and by building back fairer from COVID-19.

The pandemic exacerbated inequalities faced by young people in the UK and gaps between generations, reflected for example in a lack of jobs, a shortage of affordable housing, cuts to public services, and growing mental health problems. Inequalities are unnecessary, unjust, harm individuals, families, and communities, and place a huge financial burden on services (NHS and voluntary and community sector).

The Beyond programme focuses attention on children and young people and aligns activity to address a number of aims:

- addressing wider determinants of health inequalities (linked to the 'All Together Fairer' Marmot programme and principles),
- delivering NHS Long Term Plan Commitments,
- focussing on integrated and earlier intervention and prevention - 'shift left',
- addressing areas identified as a priority for children, young people and families in the region, through a Population Health approach (Healthy Weight and Obesity; Respiratory; Emotional Wellbeing and Mental Health; Learning Difficulties; Disabilities & Autism; Diabetes; Epilepsy; Oral Health),
- achieving NHSE Core20PLUS55 (CYP) objectives to support the reduction of health inequalities at both national and system level.

Addressing these areas requires Local Authorities, Public Health, health, and the voluntary, community and social enterprise sector to align their efforts, promote multi-agency work and involve children, young people and families in a social movement to intervene early and prevent poor outcomes.

Who is it intended to benefit?

- Children and young people in Cheshire and Merseyside.
- The parents and carers of children and young people in Cheshire and Merseyside.
- The workforce of professionals who support children, young people and families, and who (through their organisations) make up the Cheshire and Merseyside integrated care system and contribute to the Cheshire and Merseyside Health Care Partnership.

What is the Beyond programme? What are its components and activities?

- Cross-sector, multi-agency leadership and representation in the oversight, design and delivery of the programme.
- A clear focus and set of priorities, linked to cross-cutting objectives (Starting Well themes, CORE20 plus 5, NHS Long Term Plan, Marmot indicators) and working alongside all age delivery programmes.
- Delivery of programmes of activity in seven priority areas, organised under workstream leads that work across clinical specialities and public and voluntary sector services/ organisations receive resource for a dedicated workstream lead and project delivery function. - Programme-level resources to support coordination, communication and engagement across partners/ stakeholders.
- Involvement of and co-production with children, young people and parents and carers at all stages and levels of the programme to ensure their views inform programme design and delivery.
- An outcome framework, set of KPIs and reporting tools, and programme governance to monitor impact and oversee the delivery of priorities.

How will these inputs and actions have an impact and to achieving desired outcomes?

- By providing dedicated clinical and organisational leadership with a clear strategic focus on children and young people, and transformational quality improvement to meet their needs.
- By combining and aligning the activity of a wide representation of colleagues across voluntary sector and public sector services.
- By enabling Places and sectors to network and meet, build understanding of one another's work, and explore barriers and potential ways to improve support together.
- By allowing new ways of working and models of care to be tested out and evidenced. - By embedding the effective use of data with which to learn (and looking across data silos).
- By providing training and development for professionals across the ICS to build capacity and increase responsiveness to need.
- By joining up work to address local and national priorities and allowing a holistic and longitudinal view about how this is done. - By achieving better productivity.



What are the expected short and medium-term impacts?

- Increased strategic focus on children and young people and a greater proportion of revenue invested in child health.
- Reductions in health inequalities
- A 'shift left', with increased focus on earlier intervention and preventative action that address the wider determinants of health and social outcomes
- Achievement of programme key performance indicators of delivery in the seven priority areas (Healthy Weight and Obesity; Respiratory; Emotional Wellbeing and Mental Health; Learning Difficulties; Disabilities & Autism; Diabetes; Epilepsy; Oral Health), which reflect:
 - Better engagement in routine management and monitoring of conditions (e.g. access to glucose monitors, asthma reviews; confidence using inhalers)
 - Reduced demand for acute services (e.g. attendances at emergency/ urgent care services or unplanned admissions for asthma, mental health, epilepsy)
 - Early intervention (e.g. access to asthma diagnosis, mental health services, epilepsy specialist nurses; improved parental knowledge and awareness including of self-help options; workers able to identify difficulties early; support to families waiting for assessment; sleep management)
 - Prevention (e.g. smoking cessation support and air quality work; strengths and resilience work with children; Paediatric Sensory Friendly Environments; healthy eating skills and opportunities for physical activity)
 - Reductions in the incidence of health difficulties among children and young people (e.g. tooth decay, asthma attacks, obesity, type 2 diabetes) and with a focus on priority groups (e.g. certain ethnic groups, those experiencing deprivation, those with learning disability or autism).



What will the longer-term outcomes be?

- Increased life chances: every child and young person in Cheshire and Merseyside has the best possible start in life.
- Improved population health.
- Improvements in healthcare, including quality improvement and improved safety.
- Increased value for money.
- Support for broader social and economic development.

What are the moderators of programme impact?

Variability in what is on offer (and what the Programme is able to influence) in different Places and postcodes, and across the various priorities.

Factors outside of the Beyond Programme that impact on measures of success, for example,

- levels of deprivation/ social inequalities,
- the activity and achievements of complementary transformation programmes.

Pressures on funding and challenges in sustaining funding (even where positive impact is evidenced).

Ability to communicate the aims and remit of the programme across the range of agencies required to deliver the aims.

Ability of partners to communicate, align and contribute across a number of different improvement programmes, plans and strategies (which are being implemented alongside Beyond).

What are the assumptions made in this theory of change?

A continued ability to maintain focus on children and young people.

The ongoing commitment of partner organisations.

That work will be sustained across a number of years.

That there will be sufficient flexibility in budgets and resources across the ICB to:

- secure the opportunities and benefits of cross-Place working,
- try new things and innovate, including earlier intervention and prevention activity,
- sustain successful innovation.

Facilitators and mechanisms supporting programme delivery

1. Programme leadership and credibility

Strong system leadership was described as a particular strength of the programme, specifically having people in critical programme roles who understand children and young people's services, have a commitment to bringing people and sectors together and who are dedicated to the Beyond transformation.

The ethos that has been created was described as having paid huge dividends in terms of getting buy-in from all parts of the children's community:

“It is about the quality of individuals in Beyond and the relationships that they've built. What sort of leads that they got, [...] they've all been fantastically passionate about what they wanted to do and what they wanted to achieve. There's been something culturally that was very good, very early on”.

It was highlighted that sponsorship at senior levels was important for Beyond to be successful in addressing the multiple challenges facing children in Cheshire and Merseyside. Individuals in key positions in ICB, programme and workstream leadership were considered to be committed and to bring valued skills and experience from a range of relevant fields. Colleagues within Beyond were described as being passionate about the programme and about working in children's health, establishing a positive and facilitative culture early in the implementation of the programme. Attending to having the right leadership in place across different levels of programme delivery (including strategic leadership, programme oversight and the spread of specialist knowledge and expertise among workstream leads) was considered to have supported the programme's successes and provided the basis for collaborative partnership working.

All survey respondents felt that there was a commitment, to at least some extent, from system leaders and senior managers, although overall commitment was considered strongest among colleagues involved in the programme's workstreams. The commitment among wider colleagues (i.e., colleagues who may not be

delivering Beyond) was said to be less strong, but still present overall. Please refer to Figure 4 for more information.

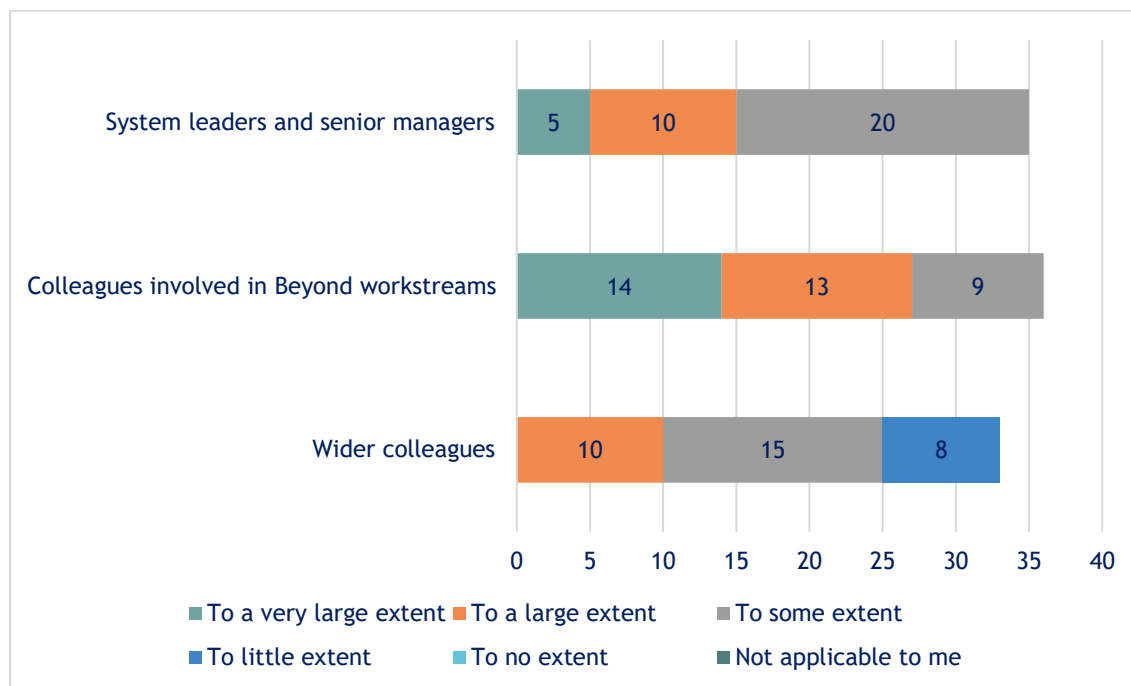


Figure 4: Responses related to the extent to which respondents believed there is a commitment to what the Beyond programme is trying to achieve among the above groups. Note. N = 37.

The credibility and leadership of Beyond was considered to be supported by it being hosted by Alder Hey Children’s NHS Foundation Trust. The organisation was considered by respondents to be committed to the programme, and being hosted there was felt to support the positive reputation and perception of Beyond and to help the programme in building connections (see also ‘Managing complexity’ below).

Over time the track record of Beyond as a delivery unit, and its securing of ongoing funding, has further supported the programme’s credibility and voice (see ‘Impact and Outcomes’ below). An emphasis on celebrating success was considered helpful in sustaining buy-in and effort. The investment in a distinct, appealing and recognisable brand for the programme has also helped to provide it with a clear identity, a consistent and recognisable voice and has helpfully underpinned efforts

to promote the child and young person agenda (see also ‘Managing complexity’ below).

2. Programme support, communication and relationship building

Alongside the outward-facing leadership, the attention given to nurturing and developing the programme team was considered a key facilitator to programme success. Having dedicated programme managers providing expertise to support workstream leads was considered a key enabler for delivery within workstreams, and this included a stance of flexibility and enthusiasm in “the choppy waters of the system”. The combination of programme skills, the specialism of workstream leads, and support from a data scientist (see ‘Using Data’ below) was felt to be effective. Interviewees said that efforts to recruit long-term staff and to retain staff in positions over time, where possible, have supported this.

A further facilitator of effectiveness for Beyond are the positive working relationships and elements of good communication in the programme. Interviewees noted that work on inter-professional communications, for example email updates, briefings and annual reports, have been important tools in this. It was noted however that the programme was not resourced for wider communication, for example having a social media or web presence (see ‘Challenges, mechanisms and opportunities’ below).

Survey responses indicated that awareness of Beyond and its aims is strongest in the health sector, less strong among wider public services (e.g. local authority services), present but to a more mixed degree in the voluntary and community sector, and in a patchy way for children, young people and parents and carers in the region (see Figure 5).

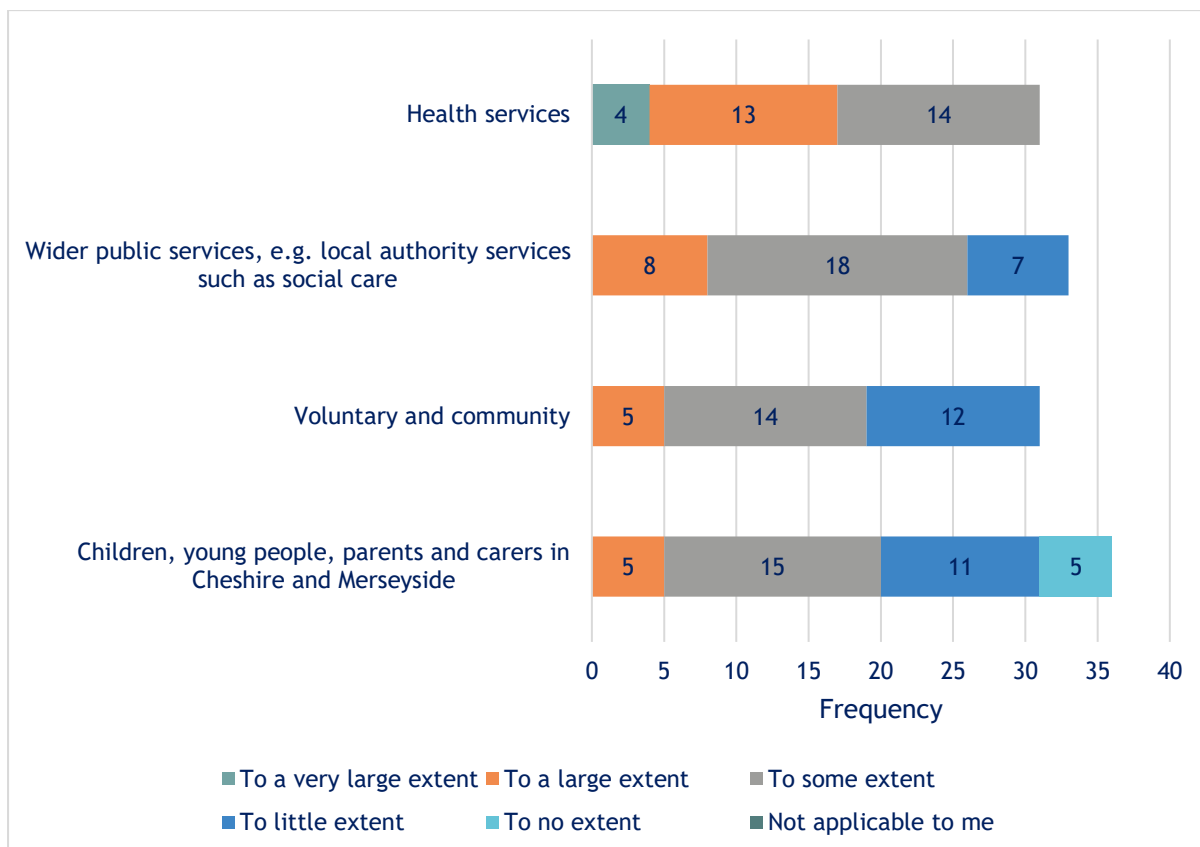


Figure 5: Responses related to the extent to which respondents think the above groups have heard of the Beyond Programme and understand what it is aiming to achieve. Note. N = 33-37. The variation reflects that not all respondents completed all questions.

Interviewees had mixed perspectives about whether increased awareness of the programme was necessary or desirable. It was felt that more publicly available information would support programme connections between professional colleagues (a website presence in particular), and also improve accountability to the public. It was also seen as having a role in securing sponsorship from politicians and senior leaders in the ICS, which would support the longevity and success of the programme.

However, others felt that it was only necessary for staff to be aware of Beyond where the programme touched directly on their roles (for example through interventions). In relation to communication with the public, some considered that the priority should be to communicate about services and interventions being made available, and that communication about the transformation programmes and structures sitting behind these would be confusing and unnecessary. It was

noted that people don't strongly identify with being from Cheshire and Merseyside (as opposed to their more immediate locality), and that Beyond can be "quite an abstract concept".

These differences in views echo the way that evaluation participants gave different emphasis to different aspects of the programme, for example whether their work was more focussed on development of a clinical offer or on wider-spread behavioural or system change (see 'Impact and Outcomes').

Across interviewees, a greater emphasis was placed on engagement through the development of individual and personal relationships as a key facilitator of the programme. The programme structure has supported positive communication and working relationships across workstream leads, and wider engagement has facilitated the extension of this. Participants spoke of the crucial role of networking opportunities, meetings and events in establishing a shared understanding and connection with colleagues

"I think it's just about building those connections with people ... an email could land in your inbox, and it might not feel like a priority. But then when you've met with that person and you understand it further, you understand what their role is and how they can be of benefit to you"

This stance aligns with an emphasis in the programme on building and working with a "coalition of the willing", prioritising engagement with those who want to see transformation in the system and are able to act. It also aligns with interviewees' recognition of the key role of committed individuals in supporting transformation.

3. Beyond as a convener, supporting collaboration and across sectors and places

A range of successes were cited for the programme in bringing a diversity of stakeholders to the table in a way that has built cross-system relationships. The intentionality in designing and delivering the programme in a meaningful cross-sector way was described as impacting the programme's relationships across sectors, resulting in improved focus and more effective approaches.

“The coordination and bringing people to the table is something that is apparent... You can see the relationships between Beyond and the local Places, the local areas and the strands of work... the cross-sector collaboration, as I said that relationships side that Beyond has developed in a short amount of time at a senior level and also getting people to the table from Places that inherently don't always work together, they've been really successful”.

Providing system connectivity in this way was considered to be key at a strategic and leadership level, and in facilitating pathway redesign and quality improvement. It was widely felt to be fundamental in moving toward prevention and early intervention, and in addressing some of the multi-faceted and complex issues being tackled by the Beyond workstreams. The Beyond programme was described as providing “system knitting”, offering a structure and a vehicle for addressing challenging issues that need an integrated approach and call for partners to come together and think about them in a holistic way.

The investment in building and nurturing relationships between Beyond and social care, and Beyond and the third sector were felt to have been beneficial. Examples given included engagement with voluntary sector networks to enable the sharing of good practice and developments in healthy weight and obesity; and work to build better shared understanding in order to work more collaboratively on providing appropriate places of care. Interviewees said they had seen a reduction in silo working and increases in co-operating and collaborating:

“There's a long way to go, but I think we are beginning to see a bit of a breaking out of silos and people cooperating and collaborating”.

Workstream leads valued the opportunity for collaboration across workstreams, and reflected on the inter-sectionality of the issues they were addressing. Working across places has also enabled learning and collaboration across teams.

“We've had good meetings, collaborative work with some teams across the region which would not have happened were it not for the Beyond project... there's definitely some positives in terms of learning from each other in how we're managing our patients and how we're trying to link in with other teams”

Examples were given of pieces of work that had been enhanced by working across the geography, such as work in the Respiratory Workstream on hospital care at the point of discharge, and on looking at audit data in a more joined up way across the region rather than at a siloed or individual team level. Reflecting on the opportunities of rolling out work on sensory friendly environments in college-settings, one interviewee reflected:

“Culture change is hard because you've got nine different places. But if you succeed, you've succeeded across nine different places”.

Participants spoke about the benefits of having fora for building connections and for more systematic sharing of good practice across places. Examples included the oral health group, and the health, exercise and nutrition programme. One interviewee offered this example:

“we made the decision to put practitioners from all areas across Cheshire and Meseyside together on the group. And what we found there is that practitioners who actually trained together maintained contacts for over a year now, and they're coming together for peer support”

Beyond was also felt to be successful in being proactive about “putting its own hand up” to ensure that children and young people's needs were featured in wider discussions. An example of this was bringing a child and young person focus into work on Tobacco and Smoking Cessation Strategy work.

4. Clear programme definition, with flexibility and adaptation to operational realities

A strength of Beyond was identified as having clear deliverables for the workstreams, underpinned by agreed national and regional policy priorities (for example the Long-Term Plan, Asthma Bundle, Core 20+5 priority areas, the Starting Well themes, the Marmot indicators and the Place JSNAs). These enable the programme to focus and prioritise. The delivery of this core programme activity was felt to provide a basis for Beyond's wider efforts to advocate for children and young people in the system.

“you mostly can't do the advocacy without the interventions because you don't get that legitimacy to advocate without the interventions”.

Alongside this framework, workstream leads described how they have pursued opportunities to promote health equity through their programmes of work, and used data to inform this. For example, this has informed the roll-out of interventions in access to diabetes technology and in oral health.

However, Beyond was described as being successful in part due to its ability to identify and respond to new opportunities - for example to express interest for funding, to ensure children were considered where new money came the system, and to engage in all-age issues (such as the tobacco and smoking cessation strategy). While some interviewees felt Beyond was oriented primarily to workstream delivery, others emphasised the way in which Beyond has segued and converted into a programme that is working towards bringing sectors together in closer alignment in a much wider sense, with a focus on identifying where it could add value to the system:

“We're listening to the system through kind of all the system changes and saying we can see where we can add value here. And that fundamentally aligns with our kind of reason for being, but we need to be agile”.

5. Working with data

The availability of expertise and dedicated resource to collate, track and explore current data was highlighted as a strength of the programme.

The emphasis on reporting and accountability within the programme, including regular highlight reports and KPI monitoring, were noted as key in monitoring and evidencing programme achievements to Board and ICB. Routinely exploring this data was considered to be providing a basis for understanding the effectiveness of workstream delivery programmes, and for decisions about continuing, rolling out or discontinuing pilot activity. Given this focus, and aspirations to rollout and embed successful elements of the programme, continued and deepening exploration of the data was considered important:

“the next stage of the journey for the programme is to get really gritty about the pounds and also, the intelligence data, I think that’s the next phase for it, because it’s only with that that we’ll be able to tell the story really compellingly”.

Evidencing impact in this way was felt to be important not only in building the case for mainstreaming programme activity, but also to justify or explain public money being spent on the programme to parents and carers and young people.

Workstream leads emphasised the impact and value of having a Data Scientist able to support programme planning and decision-making. Examples where this has been used to help target resources or programme delivery have included: deploying funds to address oral health according to health inequalities in the region; targeting respiratory work with primary care on the basis of secondary care attendances; and working toward better estimations of the number of children with epilepsy in the region as a basis for arguing for resources.

Having a professional with the knowledge and skills to curate existing data sets, to work with them to generate insight in a way that is intelligible and accessible to other professionals, and to use them to tell a story was considered a key programme asset. The programme’s work on evidencing change has moved from a static PowerPoint to a storyboard - which has been embedded as business as usual - and there is an intent to bring further data insights into this and to share it more widely. Interviewees spoke of ongoing plans to further develop use of data to explore prevention and risk stratification, for example risk factors associated with emergency unplanned attendances, and exploring relationships between waiting times, neurodevelopmental referrals and the risk of mental health referrals.

Interviewees also highlighted some limitations and work in development. This included a need to strengthen alignment between the priorities and the data collection areas for the workstreams, and to work on getting the correct balance between collecting all the data required and the burden of doing so. The quality of data in paediatrics was considered to be generally poor overall compared with that in adult health. There are some specific challenges, for example only having access to all-age data in some areas, preventing interrogation into children’s priorities specifically. The paediatrics storyboard is working to mitigate a previous

challenge of data not being in real time, however, while data collection and reporting is now more robust, a continued challenge is the nature of the children's data sets, which are nestled within other data sets. There are also difficulties cross-referencing health, social care, education and VCSE data to gain an overall view and apply a population cohort lens. Further work on this is planned, to ensure clarity is given to the data sources and how the data can be used. Capitalising on a planned single patient identifier will further mitigate some of the identified challenges.

6. Co-production

Co-production was widely agreed to be key to the programme in achieving its aims:

“that lived experience is so important, in terms of actually putting yourself in the shoes of the people you’re trying to have a positive impact on...that life experience is so crucial in terms of the policy development, the strategy making and leading on to implementation”.

Involving young people in the programme was also considered to be important in centring the work for professionals. One said: “the young people, they reconnect people to who they are and why they do the job they do”. Others spoke to the impact of having young people speak directly to a Board who may not themselves have much direct experience of going into homes, children’s centres, schools or seeing children and young people where they are: “the hearts and minds impact is the main one that we’ve seen positive outputs from so far”.

Interviewees spoke to a range of developments that had facilitated coproduction and child, young person, parent and carer involvement across the programme. These included for example training to introduce the Lundy model, input from Youth Focus North West, introducing a child and young person voice group through Health Equity champions, and hosting a conference through that group. One interviewee described the impact of this:

“there’s definitely been an increase in discussions and how people are talking about child and young person voice, so that’s a real positive...that kind of shift and attitude is there to be seen”.

Examples of good practice in co-produced projects have been highlighted through intervention evaluations.

- An appreciative evaluation of the Parent Champions in the Community Project concluded that parent-to-parent peer support through the Parent Champions was perceived positively by parents who wanted to learn and improve the lives and health of their children. Additionally, surveys of parents and carers who had received support from asthma and respiratory parent champions across three organisations indicated that parents had found the services helpful, and most were now more confident: parents and carers felt recognised and heard through this work, and appreciated that the champions understood their position, having been in a similar situation as them (Saron et al., 2023).
- A closure report for a Healthy Weight and Obesity Workstream project reported that the 21 young people involved felt informed following a guided learning programme on developing a healthy lifestyle, and more empowered and confident to help their peers in this area (Brown et al., 2024).
- Similarly, findings from the Little Lungs Wirral and Cheshire West evaluation report indicate that parent and carer champions (N = 10) had a sense of fulfilment from being able to share their lived experience with others going through similar experiences (Waterfall, 2023).

In a one-to-one interview with our evaluation team, a young person gave a positive account of their involvement in a piece of co-production. This co-production work was regarding a campaign on communication between professionals and young people. The young person found their experience to be empowering, believed in the importance of the campaign and felt hopeful that it would impact the communication between healthcare professionals and young people positively.

Survey respondents indicated that practice was best developed, with most elements of good practice, when it came to consulting children, young people, parents and carers about their needs and experiences. Work to involve people in shaping services and interventions was also seen to be evolving by many, while involvement at a strategic level was seen as the area most in need of development (see Figure 6). Overall co-production was also considered to be a challenging

aspect of the work with scope to be further strengthened and developed (see Challenges below).

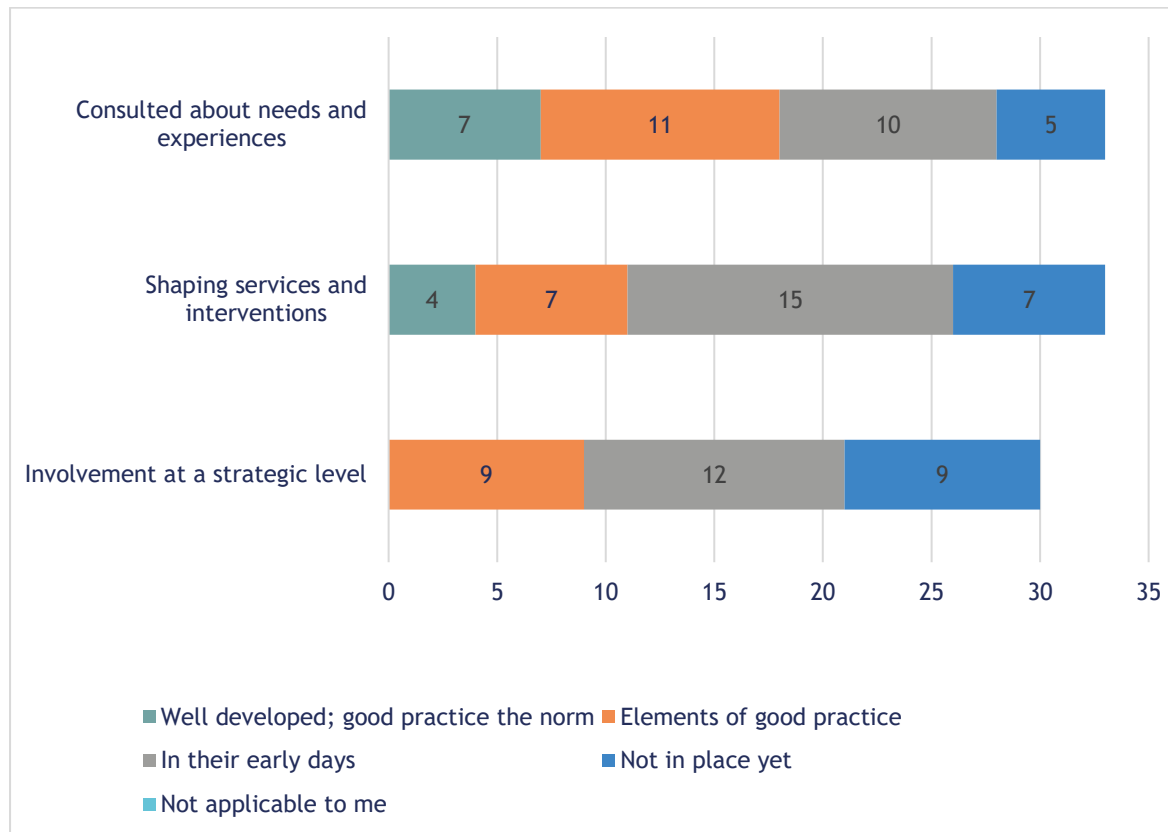


Figure 6: Responses related to how well-developed respondents find the approaches to involve parents, carers, and young people in transformation work. Note. N = 36.

Challenges, moderators of impact, and opportunities for development

1. A challenging context

Interviewees described the context as being one of increasing demand for services and support from children and young people. The coronavirus pandemic and cost of living pressures have exacerbated worsening health outcomes among children, for example in obesity, mental ill-health, SEND and chronic conditions. Levels of socio-economic deprivation introduces additional challenges for children and young people in Cheshire and Merseyside.

“we used to have a broadly healthy population of kids, there was always a perception that most kids are healthy - they’re not anymore ... those population outcomes, they’re all so much worse than they were a decade ago. And the problem with that is, it’s created this massive whopping great big chunk of demand and need in a population that the system’s not designed to service”.

In a context of both budgetary constraints and additional strain on services, the ability to shift resource in the system (for example toward earlier intervention) was identified as a challenge. Interviewees described how the pressures on services to respond to operational demands and immediate crises reduced the financial and human resource available to transform services: in this context, it was said that transformation was difficult to justify and often seen as a ‘luxury’.

One said:

“So yes, also, if we’re talking about shift left, you’re not going to get shift left unless you get the money following shift left. So, the money has to go into the prevention and the community services”.

Compounding this, it was noted that it was challenging for many Beyond interventions to demonstrate a business case over the short-term, as many (for example improvements to air quality) were unlikely to generate immediate cost savings.

The Beyond theory of change intends that interventions that demonstrate an impact will make the case to be mainstreamed. In the current context however, evaluation participants expressed frustration that even where the evidence does exist to support an intervention, this was unlikely to be a realistic expectation. Successful parent champion work was highlighted as exemplifying this. Several interviewees felt that, in the context of current financial challenges, it was unrealistic to expect the ICS to be able to follow through on its commitments expressed via Beyond and to commit to a 'shift left' in resources (see also 'Sustainability' below, reflecting progress in this respect).

Interviewees further noted that resource limitations could encourage silo working and reduce people's capacity for collaboration and their capacity to work toward coherence and shared objectives across the system. One said:

"I think there is a major risk that we've cuts in funding, that people do go back in their trenches: a lack of collaboration is probably the future risk 'cause it is gonna be very difficult".

A tangible example as to how this could fall out at a more strategic decision-making level was provided: local authority funding reductions leading to cut-backs in school nursing teams has impacted on the Respiratory workstream's asthma friendly schools intervention.

Further to the above, organisational change and system restructure over the past two years has resulted in a period of flux and uncertainty, which included jobs being reprofiled, and was described as causing some feelings of instability and fatigue. Uncertainty about delegation and leadership within the programme has had a range of knock-on impacts, for example in reviewing attendance at meetings, and pulling people away from strategic work and towards operational and middle management tasks. Resourcing challenges and the pace of change cut into the time available to people to support Beyond.

Survey responses indicate that funding, levels of need for acute services, and changes in the environment are among the more significant factors judged to be acting as constraints to the Beyond programme achieving its aims (see Figure 7).

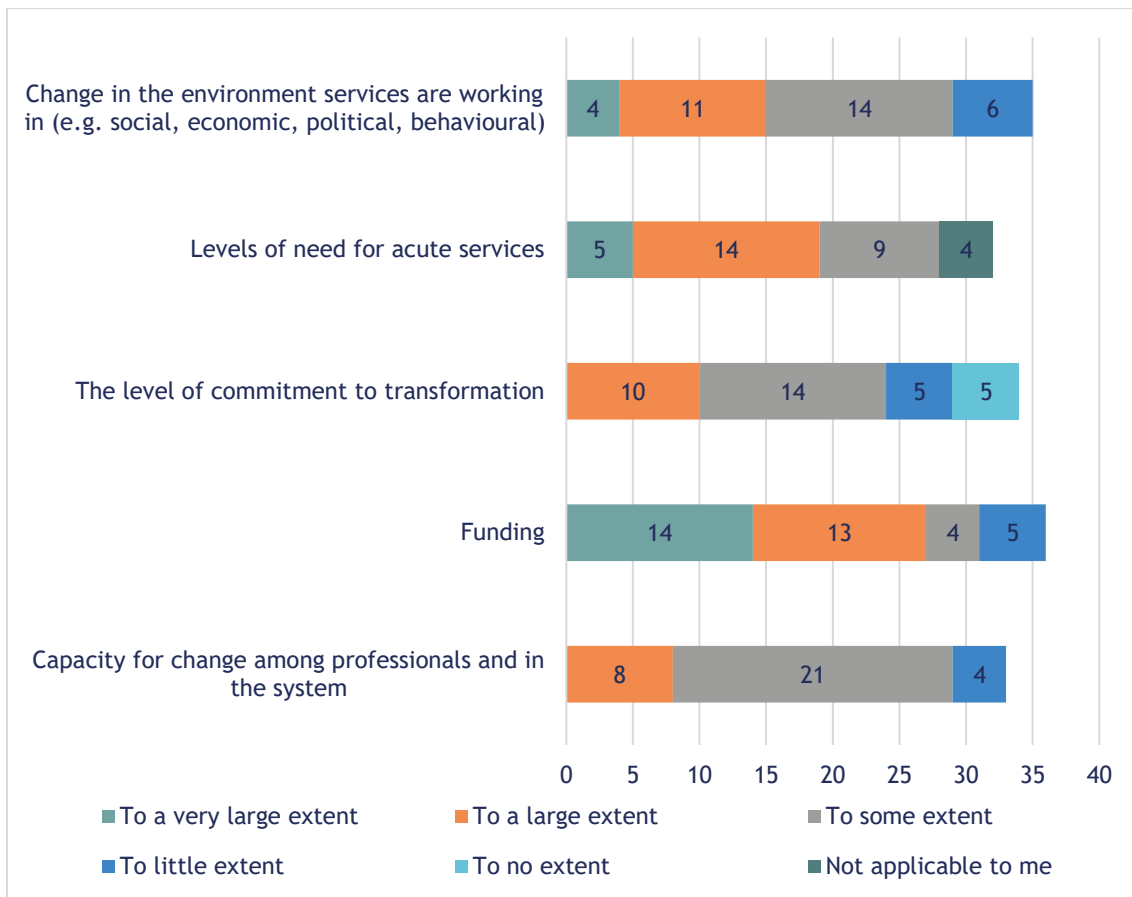


Figure 7: Responses related to the extent to which respondents believed the above factors to be constraints for the Beyond programme in achieving its aims. Note. N = 36-37. The variation reflects that not all respondents completed all questions

A key outstanding question for the programme was therefore how to evidence a substantial enough difference and to ensure this evidence is presented in such a way as to enables the programme to continue to receive funding. The next stage of the journey for the programme was identified as a laser focus on spend and the intelligence data to ensure a compelling story of impact can be told.

Maintaining momentum of programmes generally was described as a significant challenge, such that momentum builds and then for any timed programme, there is a limited time period within which to embed the programme in business as usual. If that isn't realised, winding down the programme needs to take place in line with the reduction in funding. A challenge within Beyond was identified as maintaining the current momentum, and potentially increasing it further, with a focus on sustaining and building the integration between sectors long term. The size of the ICS was cited as a factor contributing to this challenge, and the consequent

complexities associated with Beyond's spread, both geographically and across workstreams.

“In some ways you know you, start to build momentum, then you get it. And [...] you then almost hit the brake and you begin to decrease again. And I think that's one of the challenges is you know it felt a bit like Beyond was only beginning to build a head of steam momentum. And then they're saying, we might have to be on the wind down now because, you know, funding is a bit unclear. Some funding's being mainstream, but some of it isn't”.

2. Challenges in working across sectors and Places

There was consensus among evaluation participants that building relationships and connecting across sectors was key to understanding and tackling complex and multi-faceted issues to achieve programme aims, and that Beyond had achieved successes here. However, the majority also identified areas of the system where there had been challenges in engaging relevant stakeholders. Within health services, engaging with primary care and GPs was felt to be difficult. Workstream leads also highlighted challenges engaging education settings .

More engagement with and from local authorities was also felt to be required to enable workstream leads to engage at a strategic level to address key health determinants - for example work with Planning or with housing providers - and service developments, for example the development of Family Hubs. Beyond was set up as a multi-agency programme; its Board is chaired by a local authority chief executive, and there is a close working relationship between Beyond and the Change and Integration Programme of the Directors of Childrens Services across the nine places. At the same time, challenges engaging social care were highlighted as an issue - the turnover of leadership and performance pressures and priorities facing social care services were identified as specific barriers here. Overall, it was acknowledged that local authorities' current financial challenges limit their ability to engage: while Beyond has been designed to be a multi-agency programme, the number of NHS England priorities can lead to a perception that it

is a primarily health focused programme with other partners invited. Beyond was considered to be playing a helpful role in raising awareness of the role of the voluntary and community sector in improving health outcomes, contributing to a culture that recognised a unique role and value for the third sector. However, interviewees still suggested there was a distance to travel - in appreciating the areas where a health-route may not be the most appropriate route to address an issue, and in offering parity to the third sector at the table.

“There's a major risk that the voluntary sector is seen as lesser - continues to be seen as a lesser partner in some of them solutions... I would say the [relationship with] the voluntary sector is still an area that needs a lot of development, and also recognition. There's also something around [health services] realising that you might not be the experts in this area... and it might be an opportunity”.

While it was considered beneficial to have a wide range of perspectives within Beyond, natural challenges have arisen with the shift in perspectives; people working in ways that they are not used to, or hadn't before were described as both causing uncertainty and difficulty - as well as offering opportunities to try to level up and increase equity. While celebrating success in the programme has been helpful, it was also suggested that the further maturity in the programme is still needed, where people are able to safely share when things are not going as planned. It was suggested this would enable more cross-fertilisation between the workstreams.

“I know it's early in its journey. Yeah, and... it does feel a bit nice in meetings and not always as challenging as it possibly should be, it's kind of the old... formation of groups, it's the “storming, norming” bit... I don't know a lot of the conversations that are happening outside of the board meetings. But it does feel very safe”.

Evaluation participants were similarly bought-into making the most of opportunities to learn across Places, and engaging in collaborative problem-solving around shared challenges, but generally considered working across nine Places to be very challenging. Several spoke to the importance of attending to the differences between different communities, and to rolling out interventions in a

bespoke way that responded to specific local circumstances: this meant that while learning can be embedded across Places, the delivery is likely to be tailored based on local factors such as what is already in place, and system structures.

Interviewees also highlighted that the success of efforts to work across Places have tended to be dependent on the level of engagement from individuals in those Places.

“we’ve got really some really nice examples in selected areas where schools, third sector have engaged... and I think often that's based upon an individual or organisation who want to play, who get it and want to and, you know, amongst their constrained resources are willing to put time and effort in”

For these reasons, aspirations for regional approaches (for example in supporting families around sleep) were generally felt to be some way off, with the more common route having been to pilot interventions in one or two Places.

Shared learning across Places was also identified as complicated in some workstreams. A factor in this can be differences in metrics used (for example in mental health which lacked a single outcome framework mapped onto the core priorities).

3. Balancing central directives, operational priorities and transformational aims

NHS priorities, driven by central government policy, drive a large element of Beyond activity for a number of the workstreams. It was noted by interviewees that it is important for Beyond to work as a programme for it to be able to deliver on national priorities (for which the system receives resources to do work). It also needs to engage relevant stakeholders in the health system, and to do this it needs to address the immediate concerns and priorities of these stakeholders.

However, a consequence of this is that some workstreams are focussed largely on health-based and clinical service improvement activity, and able to devote less direct attention or resource to the cross-cutting objectives of Beyond such as

galvanising the system to engage in prevention and early intervention work, or addressing wider determinants of health. For example, one said:

“Terms like ‘improve population health’, that’s long-term - and we will contribute to that through the health promotion through the work of epilepsy nurses and youth work but... we are concentrating on the here and now and specific things about epilepsy much more than broader terms like population health because that is much more encompassing and requires much more cross working with other agencies which I don’t think we’re able to do in this role”.

Interviewees also noted that on occasion central health directives can lack coherence or can be at odds with a Place or local authority approach to an issue. Aligning and balancing operational requirements and transformational aims is therefore an ongoing task for Beyond. Some spoke of a negative attitude toward transformation programmes among colleagues who are more focussed on immediate delivery challenges, while another spoke of colleagues’ reluctance to dedicate staff resources to Beyond.

The work of the Paediatric Network offers an illustration of how competing drivers need to be balanced: Beyond hosts the Paediatric Network, and a number of evaluation participants spoke to the valuable role it plays in bringing together acute paediatric stakeholders. However, it was also noted that the Network is focussed on helping “muddle through the day job and business as usual” as an important operational delivery function:

“You know, people engage with Beyond work because of the [Paediatric] Network, I think. Then the reason they engage is because day-to-day they get benefit from engaging. Therefore, if I stop doing that work and start doing Beyond work, they’ll stop engaging”.

Evaluation participants also spoke of the challenges in maintaining a ‘Golden Thread’ through the programme, and achieving a clear join-up between some of the more operational aspects of programme delivery and its strategic aims and long-term outcomes. In keeping with this, there was also a need expressed for more consistent contact between the workstream leads and the wider Beyond

leadership to avoid disconnect: “that clear communication and that clear alignment and feeding down those messages is sometimes lost”.

4. Managing complexity

Beyond is working to achieve transformation within a complex regional system, working across the nine Places and multiple trusts of Cheshire and Merseyside. Combined with the complexity, breadth and variation of the programme itself, this poses some governance and management challenges for Beyond.

While the programme was described as having committed sponsorship in the ICB, for some interviewees it was not clear or intuitive where the programme sits in governance terms, and therefore the base for its mandate. Beyond feeds into the Digital Technology and Clinical Innovation Committee of the ICB, chaired by the Deputy Medical Director. Its ICB lead is the Director of Nursing and Quality (a different Directorate). Alongside this the programme team are employed through Alder Hey NHS Foundation Trust: while some interviewees noted benefits to being hosted at Alder Hey (see ‘Programme leadership and credibility’ above), some noted a sense of dislocation for the programme team in that they don’t get “invited to ICB stuff”, and that the programme doesn’t have a presence on the ICB website. Interviewees spoke of a lack of clarity about how Beyond does or should fit into system governance. One said:

“In terms of where Beyond fits for the whole ICB transformation programme, I don’t know where it sits...Compared with adults, compared with specialist care, what Beyond is interested in is the poor cousin... Nobody’s prioritised it. It’s messy, it’s complicated. It’s uncertain. So therefore, in terms of governance, it’s really hard to know where to fit it”.

The positioning within Beyond and its reporting frameworks works well for a number of workstreams, and this is helped where there is a relatively clearly delineated set of responsibilities, and few challenges aligning different aspects transformational work. For example, Beyond is the sole children’s arm for Diabetes work and the workstream feeds directly into the ICB delivery, the northwest and the national team. Similarly clear frameworks and structures were described for

Epilepsy and Respiratory workstreams. Where workstreams are delivering NHSE priorities, these have clear Long Term Plan deliverables that support this clarity. In other workstreams however, aligning and streamlining work to avoid duplication was becoming more complex - for example, in Mental Health where there are several different workstreams, or in Learning Difficulties, Disabilities and Autism where Beyond works alongside the Transforming Care Programme.

It was also noted that ongoing work is required to maintain alignment and prevent duplication with priorities in social care in the Cheshire and Merseyside Change and Integration Programme. Interviewees spoke of a lack of clarity in how Beyond fits with the all-age Cheshire and Merseyside Mental Health Transformation Programme, and the Children's Transforming Care Programme. It was also questioned whether supporting the development of the Children and Young People's Committee within Beyond to support an ICB lens for children and young people, which was said to be a stretch on capacity, was appropriate, or whether this would be best placed within the ICB's core function rather than in a transformation workstream.

Overall, the need to streamline work across organisational structures and multiple relationships contributes to the programme being described as challenging to manage. Evaluation participants noted that this can also impede transparency and clarity about how and where decisions are made:

“What’s slightly opaque is the relationship up as well. So [you’ve got] the Beyond Board, then the ICB Board. You’ve got a children and young people subgroup. And I’m not sure where it all links and what feeds into what, what flow of decision-making, what the traffic is”.

Those overseeing the programme were clear about due process being followed in all funding, delivery and workstream leadership arrangements (including for example expressions of interest, and financial regulations guiding tendering activity). Alongside this, it was noted that having the programme hosted at Alder Hey sharpened the need for transparency in decision-making, to ensure it was clear that decisions made would not result in inequity across the region.

Communicating the unique role of Beyond alongside other internal ICB transformation programmes in existence was also described as being crucial for the

longevity of the programme. It was suggested that the programme needed better communication, visibility, and alignment with other transformation programmes, and that a clear framework as to how the programme aligns with other programmes in the area would provide clarity.

The volume and spread of stakeholders with a potential role in achieving Beyond’s aims is vast: following from this, some described the programme as struggling to have a unique voice and name for itself both within the system and externally to various sectors and communities. Survey respondents indicated that awareness of the programme is greatest among health services, with a lesser extent of awareness among other public sector services, voluntary and community colleagues and among children, young people, parents and carers (see Figure 8). It was suggested an online presence would help to showcase the work and inform professionals and communities what Beyond is striving to do, and what it has achieved.

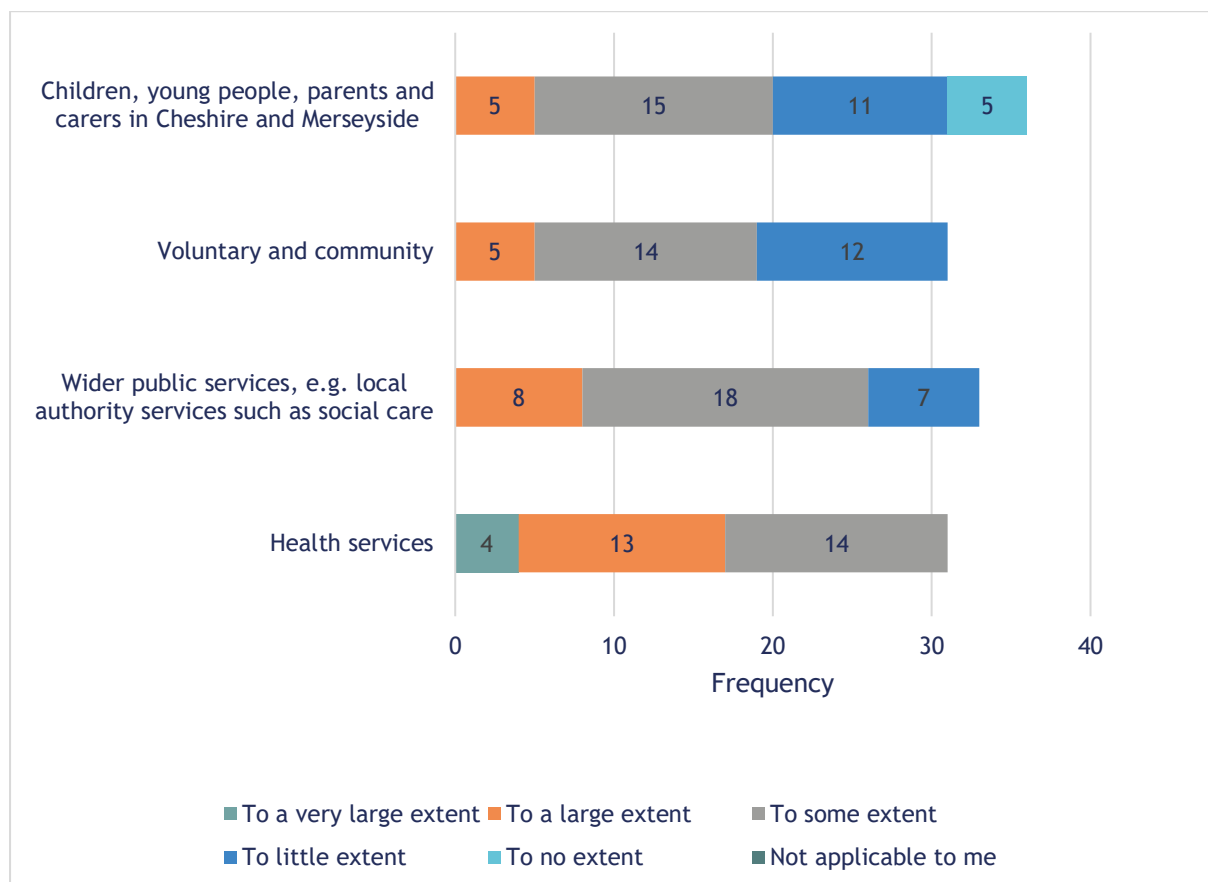


Figure 8: Responses related to the extent to which respondents think the above groups have heard of the Beyond Programme and understand what it is aiming to achieve. Note. N = 33-37. The variation reflects that not all respondents completed all questions.

While programme board meetings were described as providing information sharing opportunities, some participants said that anyone working outside of the workstreams would not necessarily know about Beyond nor have awareness of it as a programme:

“You should be able to Google what is the Beyond programme and make it really easy to say, ‘Oh yeah, it’s on an NHS website, they’re legit’. But if somebody goes home and is talking about, oh, I heard it’s amazing talk about Beyond, we’re interacting with the people we already know and who already know us”.

5. Developing coproduction

Interviewees expressed aspirations to build on a growing culture of engaging and responding to the voice of children, young people and parents and carers by further developing co-production work. Feedback from young people and parents and carers illustrates some different ways in which this is felt to be needed. For example, a Liverpool young champion presenting at the Beyond Conference said that young people are not taken seriously in healthcare and school. The majority of young people (81%) involved in the Cheshire and Merseyside Voice and Influence campaign (N = 65) indicated that communication and inclusion could be improved in their appointments, and that they would like to be addressed and (sensitively) checked-in with more during their appointments. Parents and carers speaking as part of our evaluation felt that neurodivergent young people specifically are not being heard enough in healthcare appointments and that this can lead to inferior physical and mental health outcomes.

Evaluation participants suggested that current practice could be strengthened by greater focus on ensuring that involvement was meaningful and had impact, being

clearer about the difference it would make and how that would be fed back to parents and to young people. It was also said that co-production needed to develop beyond a fragmented or siloed approach and pockets of good practice: “what they need is that kind of thread to pull it all together”.

Interviewees expressed a range of ideas about how this type of development would be best supported. There was appetite to explore better linking and pulling together the rich range of voice work happening across the Places and institutions in the region (for example Health Equity champions, young councils, school councils, as well as focussed work with groups such as young people who have SEND or are care leavers). It was noted that relationships take time to develop (so building on existing relationships is beneficial) and that involvement needs to happen at a level that is meaningful to those involved - which is often more local than the regional Cheshire and Merseyside level. Some suggested a representative children’s panel that could be accessed across the programme would be appropriate. Others placed emphasis on enabling wider listening and ongoing dialogue in a less formal way to support openness to the wide spread of children, young people and families that staff interact with every day:

“I do think that there are some professional parent carer leaders on some particular issues. But I also think it so happens that they are representing a groundswell of real feeling...so I don’t think it’s wrong at all to have them involved and listen to them, just think you can’t only listen to them”.

Across the board among professionals involved in this evaluation there was a consciousness of the diversity of the population, the need to hear all voices, and the likelihood of a diversity of views: coordination to allow this to be heard and addressed was considered important. Feedback to the programme from young people, parents and careers echoes this: for example, a young champion at the voice and influence campaign event (September 2024) highlighted that currently transgender young people are not being appropriately involved in decision-making in healthcare. At the same time, interviewees highlighted the resource requirement in doing this in an effective and meaningful way.

Finding the right balance between consulting with young people, co-production, and the challenge of continuing to ask the same questions when the change that

young people have suggested is not possible in the short term was also highlighted. One respondent described there being tensions between the priorities of young people and the constraints of the systems and the wider landscape. They said that implementing what young people said they want to prioritise would mean a shift back to crisis delivery but with social care and services moved towards being community delivered for early help and prevention. This would require budget and delivery changes, and potentially an overhaul of commissioning rules and guidelines which will take a significant amount of time. Young people and others were described as recognising this, but also expressing an appetite for seeing incremental changes in the meantime. A challenge was identified here of showing this proof, and describing why that is not happening on a bigger scale.

Impact and Outcomes

1. Establishing and embedding of the programme

A key achievement of Beyond has been to establish a vehicle that can look across children's needs holistically, and support a focus on what matters most across the system to improve outcomes for them.

The establishment and funding of the programme, and the work that has gone into establishing and developing its workstreams and KPIs have been key achievements. One participant articulated this:

“I think we should [not] lose sight of the fact that actually this was a shambles before Beyond existed and actually someone had the vision to say Beyond is needed. There's been a vision to deliver it. There's been the operation of the work to deliver it, and I think we can't take away from the fact that they work really, really, really hard to progress this”.

As outlined in the theory of change, embedding the component parts and activities of the programme was intended to instigate a number of developments (mechanisms of change) that would, in turn, lead to impact and outcomes. The evaluation has established that the majority of these mechanisms are in train, including:

- provision of leadership and a strategic, joined-up, holistic and long-term focus on children and young people, and on transformation to address their needs;
- bringing together sectors and Places to align activity, share learning and understanding, and tackle problems in a collaborative way;
- testing new ways of working and models of care;
- involving parents, carers and young people in the design and delivery of new models of care;
- developing the workforce; and
- making effective use of data.

Our findings above discuss the extent to which each of these are in place, including areas of strength, challenge, development and opportunity. We note that this evaluation has not picked up on any direct work to assess changes in productivity, and participants suggested that this as not being measured or described explicitly or overtly, although improvements in productivity were expected to flow from other the programme’s activities.

Survey responses indicate that the programme is considered to have had an impact in a number of these areas:

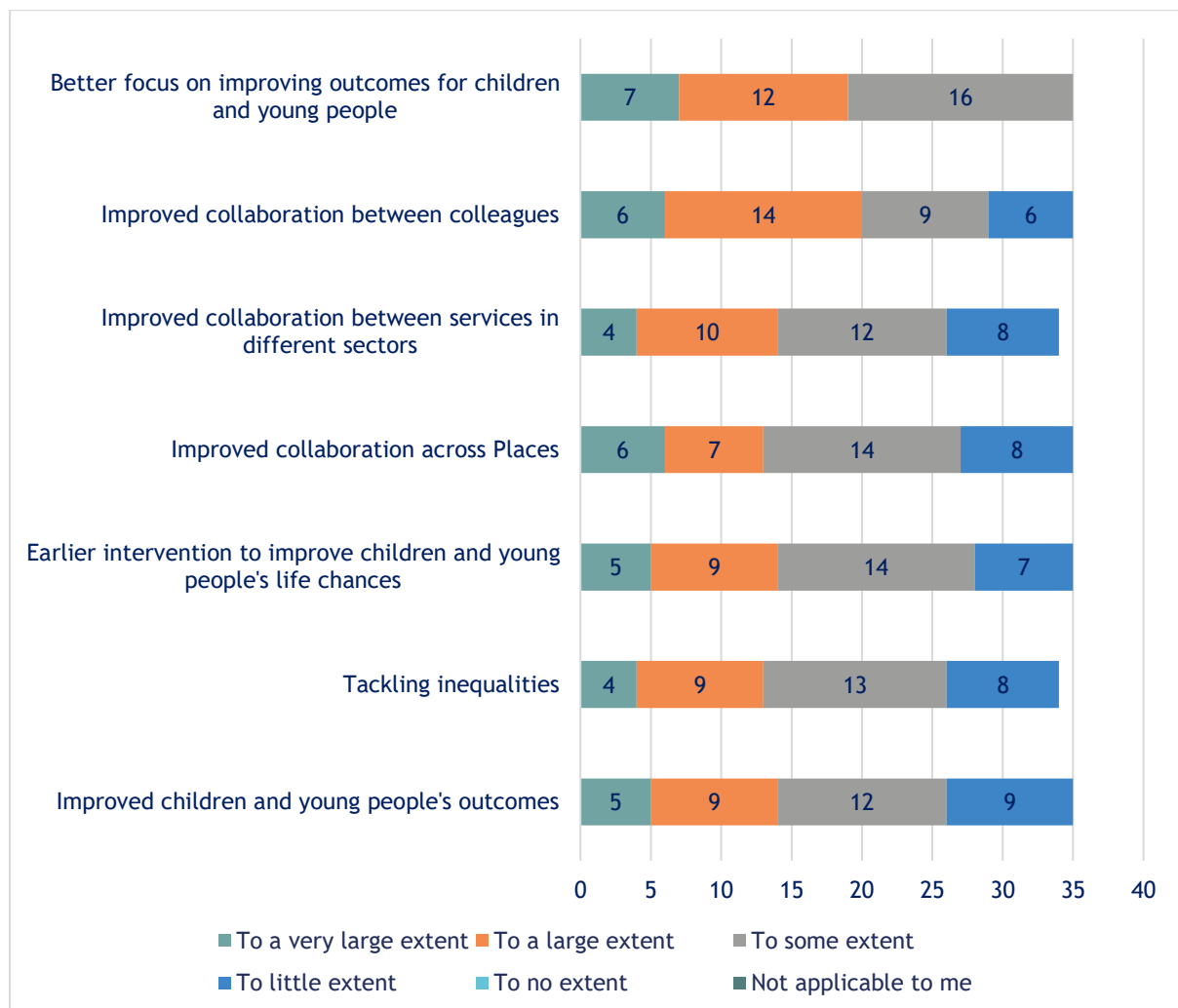


Figure 9: Responses related to the extent to which respondents feel that the Beyond programme has, to date, contributed to the above areas. Note. N = 37.

2. Workstream deliverables, key performance indicators and reach

Regular programme monitoring, for example through quarterly reporting to the Beyond Board, indicate that the programme is overall largely being delivered as planned, and is successfully achieving improvements against key performance indicators. For example, the Q2 2024-25 Programme Directors Update showed that the diabetes workstream exceeded the 20% increase in patients using diabetes related technologies target (63.9%); the healthy weight and obesity workstream reported a reduction in the percentage of Reception age children classified as obese or overweight (10.6%); the epilepsy workstream met the target percentage of children and young people with epilepsy to have input by epilepsy specialist nurses within the first year of care (94.2%); the learning difficulties, disabilities and autism workstream met the target of increasing the number of referrals with a care plan and/ or intervention (increase of 1,555 YTD); and oral health has met their target to recruit parent champions (3 to date). Further, at that point in time, 23 projects were on track and being delivered within expected timeframes. Eight projects were experiencing some delays, but recovery plans were in place and being monitored.

Evaluations of specific programme projects and interventions have also identified the positive impacts of Beyond workstreams. These have included projects involving parent champions in supporting other parents (see 'Coproduction'); an evaluation of Koala Little Lungs demonstrating its reach in raising awareness and supporting parents around respiratory syncytial virus where parents and carers felt the training they had received had improved their knowledge (Waterfall, 2023); and learning about how an indoor air quality intervention can improve knowledge, change behaviour, and support different types of homes and places (Lancaster University, 2023).

Interviewees spoke about the work that the programme has undertaken to establish KPIs that workstream leads were confident they could commit to changing or delivering through workstream activity, and that were also clearly tied to achieving wider programme outcomes (via a 'Golden Thread'). It was noted however that some of the workstream interventions are quite localised in their impact, and others are output rather than outcome-focussed. Some questions were

raised as to whether the reach and spread of the interventions is generally going to be sufficient to generate wider changes, and/ or for their benefits to spill-over from immediate project beneficiaries to improve outcomes in the health of the wider population. This reflected wider uncertainty among interviewees about whether the system will be able to continue to resource transformation, or the roll-out and spread of new interventions (see 'Challenges, moderators and mechanisms' above).

Some interviewees also reflected that a focus on quantitative and aggregate data could be a flattening way of understanding the impact of workstream interventions. It was argued for example that it was challenging to identify a simple quantitative measure to reflect the multi-faceted and long-term results of introducing a behavioural change such as healthy lifestyle and eating.

3. Evidencing short-term and long-term outcomes

The Beyond theory of change identifies a number of long-term outcomes intended to result from the programme: improved life chances and a better start in life for children and young people; improved population health; better healthcare; increased value for money; and a supporting role in wider social and economic development.

The evaluation indicates that these outcomes are considered to appropriately reflect the aims and ambitions of Beyond as a transformation and system change programme: the activity being undertaken is anticipated to have a positive impact which over time will contribute to these outcomes. At the same time, participants reflected not only that it would take a long period of time to see measurable change in these outcomes, but also that progress towards them may be affected by wider political, social, economic and environmental changes that are outside of the programme's control.

Evidence to support this was described as emerging as the programme continues, this includes an increase in asthma reviews, and the transformational nature of enabling more families to have access to diabetes technology was discussed.

While the short- and medium-term impacts identified in the theory of change were considered to be more within the remit of Beyond, there was an awareness of the complexity of factors and influences that might contribute to improvement or deterioration. Participants valued being part of a programme that was seeking to make the transformations required to achieve outcomes, but were aware that not only were the system changes involved vulnerable to policy commitment and the financial and capacity constraints in services (for example to prioritise and fund prevention and early intervention), but also that the population behavioural changes involved would be influenced by wider factors in the lives of Cheshire and Merseyside people. One interviewee said in relation to preventative interventions:

“We're fighting against is cultural and lifestyle factors. You can't take that out of context of where you're born, where you live... family culture, community, culture. your wider determinants of health as well in terms of that kind of sort of commercialisation, social and... a culture now whereby being healthy and active isn't really a norm anymore. ... How do we meaningfully starting to shift not just thinking about the services and the things we're trying to do, but the mindset of the people and the population... there's so many things underpinning how people live their life, like their income... poverty is such a key driver at the moment for some of the inequalities... but how do you go about tackling poverty?”

A tension was described between the long-term nature of shifting health inequalities and the need to evidence shorter to medium term change within the programme, which is also in a current state of short-term planning: acknowledging and celebrating the wins within the workstreams was described as being important, with a focus on smaller wins contributing to the overarching ambitions and success of the programme.

4. Advocating for children and young people in the system

The programme has been successful in driving the agenda for children and young people in this way in a number of ways. While this evaluation has discussed the challenges of managing complexity, interviewees outlined how that it is precisely

through this endeavour that the programme is able to have an impact that is greater than the sum of its parts. This was described in this way:

“For every single one of those bullet points [in the theory of change] you’ve got different influences coming into the system, different funding streams, different activities and what the programme is trying to do is put a coherent story around all these different things that are happening to children ... nobody’s thinking about the child, there’s no cross-governmental work .. when that lands in a system, any local system is that it doesn’t make any sense at all. And you’ve got to pull it together. Otherwise, you’re going to be chronically under-serving a massive population and not making the best of the resources coming in”.

In this way the programme delivery structure has provided a platform for leadership to have a more holistic and strategic view, as well as allowing for greater coordination of the system and a wider influence in advocating for children and young people’s needs in the system. Key successes in this respect have been the establishment of the Children’s Committee and the securing of recurrent funding from the ICB for the core programme. Other examples have been ensuring representation for children in the development of strategies, for example the Joint Forward Plan of the ICB, and the Cheshire and Mersey Tobacco Strategy.

Beyond has also had a crucial impact in capturing and channelling money for children in the health system. In addition to supporting with successful expressions of interest for funds) the programme has been able to influence decision-making to increase the proportion of public finances being invested in children’s health. The total investment secured by the programme over the lifetime of the project to-date (2020/2021 to 2024/2025), in addition to baseline funds, is in excess of £2m, largely sourced from NHS England bids -with examples being investments in diabetes technology, epilepsy youth work, sensory friendly mental health inpatient settings, and early intervention oral health. A further approximately £1.35m of ICB funds have been secured for children’s transformation work by the programme covering the period 2023/2024 to 2026/27 - examples of projects here include Henry for health and nutrition, and All Together Smiling for supervised tooth-

brushing. One interviewee described how the programme enabled the investment in oral health and the tooth-brushing campaign:

“The ICB has developed a children’s committee. We’ve just been asked to host the three-year supervised toothbrushing programme for children and young people in Cheshire and Merseyside, and I think that’s about the profile raising that somebody sits in a meeting, and somebody says we’ve got some underspend and one of the people we work with goes, so how can we work with that, with children in a way that I’m not sure would have happened three years ago”.

Interviewees have valued opportunities to share and raise the profile of transformation work through Beyond. They described invitations to make connections cross-regionally and to share programme approaches and learning in areas such as Greater Manchester, Lancashire, Cumbria, and London, allowing Beyond to reach and impact to extend into other regions outside of Cheshire and Merseyside, an opportunity to further spread good practice across the country.

“So I suppose we continue to raise the profile, but then on the flip side of that as well, I think Beyond is really well connected and you know from my experience we’re being asked to present and showcase a lot of the work that we’re doing. So that is a huge recognition to Beyond and the work that we’re doing ... we were asked to go to London the week before last to do some presenting. We’re always on teams updating, presenting, sharing, learning on things as well”.

5. Sustaining change

Many interviewees described sustaining change as a significant challenge of the programme. This was generally related to short-term funding, or to questions around the continuation of funding.

Interviewees spoke about impacts of this at project, staff and system level. For example, at project level, the project to embed mental health champions was described as aiming to change culture in organisations: although the funding for

this programme was intended as pump-priming, there was a concern that knowing funding was not going to be permanent was working against the intended culture change, and making it challenging to keep staff focussed operationally. Issues were raised in relation to staff experiences, where professionals noticed the impact of uncertainty about continuation of posts: “it’s hard to live in that kind of zone and plan for a year ahead or even advertise and employ somebody because people don’t want to apply or get a job when they know it’s only for six months or one year and so forth”.

While Beyond exists to support transformation (rather than provision of ongoing funding) staff did question (as mentioned above) whether funding would be identifiable over the longer-term to sustain new approaches that proved effective. In spite of these qualms from some interviewees, the programme can point to initiatives, for example in diabetes technology and epilepsy nursing hours, that have become part of business-as-usual provision. Interviewees were also not always clear that funding for the core Beyond programme is mainstream, and therefore raised questions about how time-limited or intermittent funding might limit sustained system change.

However, alongside this, a number of interviewees celebrated the ICB decision to provide recurrent funding for the programme. As discussed above, evaluation participants spoke to how the programme has supported different ways of working, building relationships and connectivity across the system to work in a more collaborative and integrated way on workstream priorities. They also reflected on the development of skills, understanding and cultural change that would support cross-sector working, coproduction and the voice of children, young people, parents and carers on an ongoing basis. In different areas of the programme these different components of behavioural changes in the system were at differing degrees of development, with some being embedded, some emerging, and others at a more aspirational level. It was also acknowledged that this required ongoing attention, due for example to staff turnover and “continually bringing new stakeholders up to speed, keeping them on message”.

As reflected in relation to ‘advocating for children in the system’ above, the evaluation overall reflected that Beyond’s success in driving system-change was

most evident at a senior level, in relation to strategic leadership, with a better focus on children's needs in a more holistic way. Changes on the ground are becoming embedded in a more dispersed and fragmented way: while work is ongoing to spread or replicate the emerging pockets of strength, learning and good practice, this work is considered vulnerable to constraints in allocating funding and capacity for transformational work. Concerns were raised about the imminent change in government, and hopes for a continued commitment to the policy focus on children and young people.

“We certainly, [name] and I, would find this very difficult to do, even though we'd want to carry on doing it long term, we would find it very difficult to without the infrastructure of Beyond to be able to support us.”

Discussion

The Beyond programme is driving a transformation journey to improve outcomes for children and young people across Cheshire and Merseyside. This evaluation suggests that this journey has been well-begun and is making meaningful progress. The programme has been established as a recognised and credible entity, providing a home and focus for taking forward children and young people's transformation - a base for collaborating and testing new approaches in priority areas, and for cross-system attention to addressing children's needs.

Commitment to the principles of Beyond is evident across key stakeholders. Successes are described broadly as being about strong facilitative relationships, effective use of data, system influencing, and raising the profile of children and young people within the system, as well as the tangible 'golden nuggets' that are evidenced local impact and outcomes within the programme's seven workstreams.

Some programme stakeholders see the focus of Beyond primarily in terms of delivery through the workstreams. Achievements here are celebrated, while there remain questions about future funding and flexibility in the system to mainstream new approaches or reallocate resource to prevention and early intervention. Workstreams have differing strengths and potential areas for development, with some being largely contained within the health sphere, fully occupied working on delivering improvement there, while others are more oriented toward cross-sector work and addressing wider social determinants. While it is not yet evident whether the impact of Beyond workstream activity will result in changes to wider outcomes and shifts in population health, there is an appreciation that measurable improvement in outcomes here, along with work to reduce health inequalities and shift the system left, are longer-term shifts.

For those stakeholders who place emphasis on making change at a strategic and systems level, the impact of Beyond is already more tangible. Beyond provides the 'system knitting', and establishes a mechanism, relationships and buy-in for the voice of children and young people to be considered and responded to. These in turn promote health improvement intervention earlier in the lives of the region's population.

The significant challenges of the programme at the time of data collection were described as uncertainty about the landscape, vast changes within the system, financial constraints, and the need for changes in delivery mechanisms to prioritise children and young people's needs. The importance of maintaining momentum and integrating the work of health, children and adult social care, education, and the voluntary sector was highlighted, with progress to-date benefitting in part from the commitment of a coalition of the willing. Continuing to focus on relationships, increasing engagement, valuing participation, and evidencing the impact of Beyond's work were considered the next steps in the journey of continuing to embed the programme, ensure its longevity and sustainability, and that it meets its aims.

Recommendations

Drawing on the findings of the evaluation, we have developed the following recommendations for the programme.

1. To continue to respond to opportunities and promote investment in children and young people, to ensure they remain a priority.
2. To continue to emphasise, maintain and develop multi-agency working and approaches through the programme, ensuring Beyond continues to develop as a multi-agency (rather than health-focussed) initiative. This involves provision for the ongoing work needed to maintain and cultivate key relationships and to ensure joint working is sustained, in order to understand and tackle complex and multi-faceted issues to achieve the programme aims. Within this to:
 - a. continue to work to ensure that representation is cross-sector (for example in contexts of reorganisation or turnover of key personnel)
 - b. consolidate relationships with primary care
 - c. work to ensure alignment with the education sector
3. To develop a stronger online presence, to raise the profile of the programme among cross-sector partners, showcase the work, and inform professionals and communities what Beyond is striving to do, and what it has achieved.

4. To further develop approaches to co-production, building on a growing culture of engaging children, young people and parents and carers to:
 - a. address young people's feedback that they are not taken seriously in healthcare and school, and that communication and inclusion could be improved in their care
 - b. ensure activity to involve young people, parents and carers is meaningful and has impact
 - c. support the programme to hear a diversity of views, reflecting the diversity of the population.
5. To clarify and communicate to those involved in the workstreams how the programme is positioned within regional governance, and governance processes for the programme. Consistent contact between workstream leads and wider Beyond leadership is recommended to avoid disconnect.
6. To develop approaches to capture return on investment and financial impact, and to train teams to apply these, in order to help the programme show longer-term cost savings in a system that is oriented towards financial recovery.
7. To continue to develop the outcome and measurement framework for the programme, giving consideration to:
 - a. identifying, and putting in place, ways to assess, measure and track changes in productivity resulting from the programme
 - b. providing a clear join-up between some of the more operational aspects of programme delivery and the strategic aims and long-term outcomes
 - c. developing measures that more fully reflect the impact of workstream interventions that contributes to programme outcomes in ways that are multi-faceted, and where the full impact is seen over a long term, for example behavioural changes such as healthy lifestyle and eating.
8. To continue to develop ways to strengthen insight by looking across different data sources, for example use of single patient identifiers or bringing data sets together.

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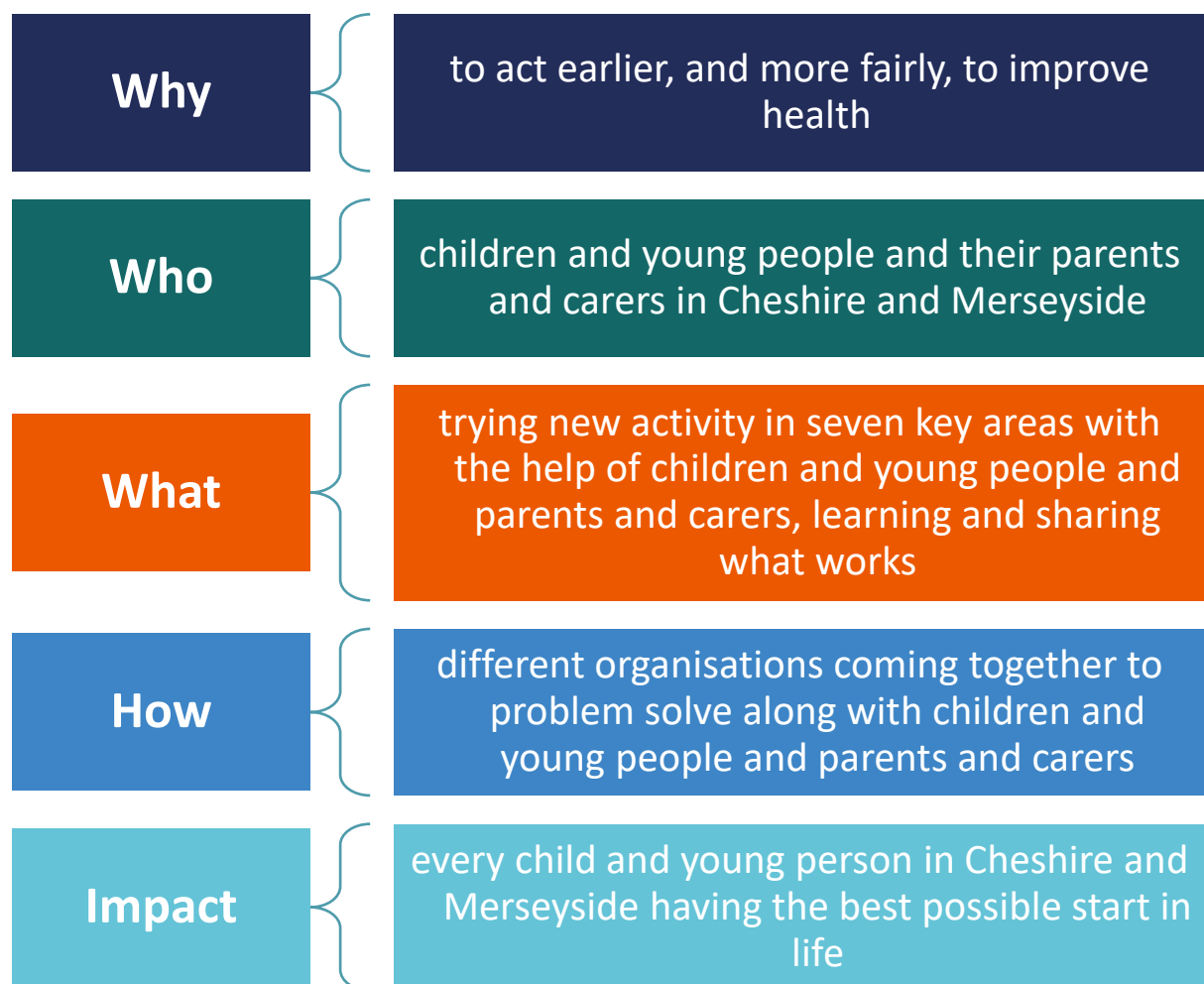
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Appendices

Appendix 1

The accessible Beyond theory of change

The summary version:



The more detailed version:



Understanding the theory of change through an example: the Oral Health and Peer Support Service

Organisations working together to support families to have good oral health (mouth, teeth etc)

Support comes from another parent, who can draw from their own experience, but has also had some training (peer support).

ORAL HEALTH AND PEER SUPPORT SERVICE

Koala North West, CHCP and Beyond have partnered up to provide Oral Health and Peer Support Service for families with children 0-5 to improve Oral Health for Liverpool children and their families to provide them with the best possible start in life.





Appendix 2

Local evaluation reports reviewed:

- Waterfall, D. (2023). Little Lungs Wirral and Cheshire West, Final Evaluation Report. Version 13. Koala North West.
- Lancaster University. (2023). Closure Report: Air Quality in Social Housing, Version 3. Torus Foundation.
- Saron, H. et al. (2023). Summary Report: Beyond Parent Champion Project (Respiratory & asthma parent champions project). Edge Hill University.
- Ganga et al. (2024). Cheshire and Merseyside Gateway Meeting: a mixed-methods evaluation of the first year of implementation. Liverpool John Moores University.

Participation reports reviewed:

- Brown, J. (2024). Closure Report: Diabetes NHSE Technology Pilot. Version 2.0. Cheshire and Merseyside Health and Care Partnership.
- Brown, J. & Walsh, R. (2024). Closure Report: Healthy Weight & Obesity: Halton Healthy Lifestyles app and Royal Society of Public Health (RSPH) courses. Version 3.0. Cheshire and Merseyside Health and Care Partnership.
- Wirral Whole Family Therapeutic Intervention Project Closing Presentation. (2024).
- Waterfall, D. (2024). Wirral Sleep Support Service - Final Evaluation, version 6. Koala North West.
- Wilson, R. (2024). Closure Report: Learning Disabilities, difficulties, and Autism: Neurodevelopmental Open Access Support Service. Version 1.0. Cheshire and Merseyside Health and Care Partnership.
- Quigley, T. (2024). Closure Report: Epilepsy levelling-up. Cheshire and Merseyside Health and Care Partnership.
- Beyond Board. (2024). Cheshire and Merseyside Voice and Influence Campaign. Cheshire and Merseyside Health and Care Partnership.
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