

Meeting:	Joint Meeting of Lifelong Learning and Health and Social Care
Date:	January 18 2006
Subject:	Development of a Children's Trust Approach
Responsible Officer:	Paul Clark, Director of Children's Services
Contact Officer:	Betty Lynch
Portfolio Holder:	Margaret Davine (Social Care and Health) and Bill Stephenson (Education and Lifelong Learning)
Key Decision:	No
Status:	Public

Section 1: Summary

Decision Required

To ask Members to support the proposed actions to develop a Children's Trust Approach.

Reason for report

To update Members on action taken to develop a Children's Trust Approach.

Benefits

Improved services to children in Harrow by working with partners to integrate services.

Simplified “one step” a local access to services for the public.

Cost of Proposals

Cost of activity to deliver proposals is contained within the existing budget of Children’s Services / People First.

Risks

Taking forward complex multi-agency initiative at a time of considerable financial pressure and a number of other initiatives will improve carefully agreed plans and priorities.

Implications if recommendations rejected

Government expects that Children’s Trusts are implemented in all areas by April 2008. Failure to do so would negatively impact upon the CPA and JAR assessments, and reduce the efficiency and effectiveness of joining up services. It would also set Harrow outside of the performance of other local authorities.

Section 2: Report

2.1 Brief History

After the death of Victoria Climbié and the inquiry into her death led by Lord Lamming, further action was taken by Central Government to promote the development of Children’s Trusts. This work took place during 2003. Since then the Green paper Every Child Matters has been delivered and the Children’s Bill is currently going through parliament. The Act will set out the formal legal and required actions by local authorities and others in relation to developing Children’s Trusts Integrated services, the direct responsibility and accountability of local members, chief executives, Director of Children’s Trust and Executive and Chief officers within other agencies. The publication (Sept 2004) of the National Service Framework for children adds and impetus to the change process, together with supporting documents such as:-

- Removing the Barriers to Achievement, the Government strategy for Special Educational Needs.
- The development of a single or combined assessment framework.
- The expectation of a single children’s services plan.
- The combination of the various inspectorates into a joint area view focusing on the outcomes for Children service user.
- The further development of the comprehensive performance assessment (CPA) framework for the council.
- Have all sought to support the idea of closer integrated working between the statutory agencies, clear information sharing, positive modern, easy access

services and links across them to ensure the earliest identification of need, the minimum necessary but speedy and pro-active response to such need.

These central government imperatives have been supported and reflected in the development of Children's Services and through area service delivery and development.

This means that all the local statutory organisations are already proactive in "joining up services" and in some change and modernisation process is now ready to become explicit and project managed to achieve successful delivery of the local and national requirements.

There has been considerable activity in engaging multi-agency and voluntary sector support. There is now formal support for our practical services linked approach from CYPSP, PCT and Council.

The Key deliverables expected by government are

1. Improved outcomes for children are our goal, and that requires those working with children and families (at the very least in education, health and social care) to behave differently and more effectively.
2. The most effective behaviour happens when first tier services are delivered close to children by multi-disciplinary teams embedded in universal services, and more specialised services work and train together, share information and undertake common processes around the needs of each child.
3. To secure that integration requires an integrated process of assessing children's needs, planning and deploying resources to meet them and managing their delivery (integrated commissioning).
4. To run the process of joint commissioning requires integrated management and governance arrangements (a Children's Trust, led by single Directors and Lead Members).
5. To ensure integrated commissioning is sustained requires the commitment of a formally shared budget (pooling).
6. A set of locally agreed outcomes and targets across (at least) education, health and social care, into which the voluntary sector and children and families themselves have an input.
7. Shared planning of workforce issues including staff development, with multi-disciplinary teams and lead professionals/case co-ordinators available to support children and families in line with local priorities, and co-located services improving access for a wider group.
8. The effective implementation of our common assessment and information sharing guidance.

9. Joint commissioning in terms of joint assessment of need and joint planning across education, health and social care, at strategic level, and more detailed joint commissioning across some services.
10. Information shared about all relevant budgets; resources shared in support of joint working, and formally pooled budgets supporting detailed joint commissioning.
11. Governance arrangements which bring partners including the voluntary sector together to address outcomes for children, link effectively with the LSCB and other local partnerships, sharing roles where possible, extend beyond education, health and social care, and are committed to support and drive changes so that joint working, commissioning and pooling extend as quickly as possible to all services.

Some of the activities to deliver the 11 key issues are set out below.

Improvements on key performance indicators for CPA / JAR. The CYPSP has created multi-agency monitoring groups to monitor all the targets and indicators identified in government guidance "*Every Child Matters*" as well as the NSF.

A sharing information toolkit has been implemented and accepted by all statutory agencies and all those represented by HAVS (Harrow Association of Voluntary Services).

The new Directorate arrangements (i.e. Director of Children's Services) in accordance with the *Children Act 2004* means that all services to children and families are being re-configured to focus on improved outcomes for children and young people.

The Children and Young People's Strategic Partnership (CYPSP) is planning the re-location of professionals (including voluntary organisations) to work together in multi-disciplinary teams. They will be based in the Children's Centres. Families will be able to use a range of services provided by school clusters and extended schools. The aim is to reach all families with young children, including ethnic minority groups and those whose first language is not English. The teams will work together and train together.

A Common Assessment Framework implementation plan has been approved by the CYPSP. This will involve extensive multi-agency training and the provision of packs to all professional groups identified by their agency as potential assessors. It will provide a common language and technique for communication and information sharing on children with additional needs.

The action plan for the Common Assessment Framework and the Lead Professional described above contains plans for effective multi-agency training and development, as well as regular practitioner workshops throughout 2006/07 to ensure practitioner engagement in the change process.

The agreement to deliver more closely aligned Children's Services with Health.
(see attached paper – Appendix 1) has agreed the formal approval of the PCT.

2.2 Options considered

Rapid progress to formalised pooled budgets and structures. This was rejected in light of financial and structural changes in Health. The approach adopted is of steady, practical services links and co-location to build services and trust and working arrangements.

2.3 Consultation

The Children and Young People's Plan (CYPP) and the Local Area Agreement (LAA) have both involved consultations with key stakeholders, including partners from voluntary agencies, faith groups and the statutory agencies. This has resulted in evidence gathering, assessment of need and the collective determination of local priorities to meet those in most need. Consultation on both of these areas will be completed by the end of January 2006.

2.4 Financial Implications

Plans to align budgets around key priorities outlined in the LAA will be agreed by March 2006. This will be a cautious approach in light of financial pressures.

2.5 Legal Implications

The key guidance documents for the development of a Children's Trust are: *Every Child Matters* (DfES 2004) and *The National Service Framework for Children, Young People and Maternity Services* (DOH 2004), and both are supported by the *Children Act 2004* and *Children Act 1989* as legislative frameworks. There is flexibility in this guidance for local variation based on local demographic and needs indices.

2.6 Equalities Impact

All plans include voluntary agencies and faith groups. Governance arrangements are inclusive of these groups and the police.

2.7 Section 17 Crime and Disorder Act 1998 Considerations

No direct impact.

Section 3: Supporting Information/Background Documents

Every Child Matters (DfES 2004) and *The National Service Framework for Children, Young People and Maternity Services* (DOH 2004) - both are supported by the *Children Act 2004* and *Children Act 1989* as legislative frameworks.

**Progress Report for the PEC on the Development of Integrated Services for
Children in Harrow and Proposals for the Provision of Community Child
Health Services.
October 2005**

Following agreement at the PEC in October 2004 to develop an Integrated Children's Strategy for Harrow and the update to the PEC in January 2005 that identified key priorities; this paper outlines the progress to date. It also proposes the reconfiguration of community child health services to promote service integration model and best fit with national standards and local development plans. The PEC is asked to support the overall direction for children's services.

Key Developments

- The development of the Harrow Children's Services Plan that will be available for comment in October. This plan will be underpinned by strategies which support integration
- Plans and additional funding for the Harrow Children's Centre Strategy 2006-2008
- Corporate Governance Structures agreed through the Local Strategic Partnership structure
- Development of a joint Assessment and Decision Making Framework that promotes equity of care and support for children with disabilities and complex needs and their families
- Development of a joint Parenting and Support Strategy for Harrow
- Development of the Harrow Health Visiting Strategy
- Commissioning of CAMHS from CNWL with effect from April 2006

Health Visiting Strategy

The key points of the health visiting strategy are:

- Geographical teams with team leaders configured to the three council areas, with strong links to GP practices and to school clusters and children's centres
- Skill mix changes to support required interventions
- Better integration between People First front line staff, health visiting and school nursing
- Active and inactive case loads in line with 'Health for All' recommendations
- All children will receive an initial service – continuing HV support will be based on need and will vary over time as required
- Focus on public health initiatives and working with vulnerable families
- Phased resource shift to areas of greatest need
- Development of IT systems to support provision of information on the needs of children and service delivery

Provision of Community Child Health Services/Children's Centres

The previous update suggested that in order to meet the needs of children in Harrow and to deliver the national standards we need to ensure that services are delivered by co-located, multi-disciplinary and multi-agency teams that provide child and family-centred care, address health inequalities and improve outcomes. In time these services will be delivered through Children's Centres which will be local resource centres delivering children's service to their local community.

Currently children's services are provided by the PCT, NWLHT and the council. By 2008 these services will need to come together under a Children's Trust. In the interim the council, the PCT and NWLHT are working with front line staff to identify how this is best achieved particularly in light of Commissioning a Patient Led NHS.

Development of CAMHS Tier 2 & 3 SLA with CNWL

Following on-going review of CAMHS Specialist CAMH Services within Harrow the decision has been made to move providers and develop an SLA to deliver a service within Harrow which meets local needs together with the delivery of the required targets and standards. The process has begun and we are currently in a transition phase with the SLA been taken over by CNWL from April 2006. Transition plans have been drawn up and CNWL will provide management input into the current service to help ensure a smooth handover of services and begin re-designing services as identified. Discussions are underway to ensure integration of the tier 3 CAMHS service with the CAMHS Primary Mental Health team currently employed by the PCT.

Estates Strategy

The development of integrated services will need to be supported by an integrated estates strategy between the PCT, the council, NWLHT and CNWL. This strategy will need to have a coherent interface with the primary care estates strategy.

Integrated commissioning and service improvement for children's services

It is proposed that an integrated children's service improvement team is developed over time. The team will sit in the PCT and will be jointly accountable to Robert Moore and Paul Clark.

Services covered will include:

- Commissioning and service development of PCT provider services, acute and specialist children's services
- CAMHS
- Sexual health including HIV/Aids
- Maternity
- Leading delivery of the NSF, aspects of the Public Health White Paper and health aspects of every child matters
- Commissioning for children with complex needs including continuing care
- Continuing to develop integration at all levels

Better Care without Delay

Mary Wells has proposed that the service model outlined in the clinical strategy is reviewed to better reflect the development of integrated community services and the outcomes of the Specialist Children's Services review.

Jean Bradlow, Director of Public Health
Paul Clark, Director of Children's Services

October 2005