

local authorities' approaches to children's trust arrangements

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INVESTOR IN PEOPLE

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Executive summary

At a time of enormous change within local government and public health, the Local Government Association (LGA) commissioned the National Foundation for Educational Research (NFER) to investigate local authorities' approaches to their children's trust arrangements and how they are fulfilling their duty to promote cooperation with partners to improve children and young people's health and wellbeing. The findings presented in this report are based on interviews with local authority senior officers, councillors and public health leaders across seven English local authorities: Calderdale Council; Cambridgeshire County Council¹; Lancashire County Council; London Borough of Sutton; Milton Keynes Council; Rotherham Metropolitan Borough Council and West Sussex County Council. Case-study reports on each local authority are included in chapter five of the research report.

Policy context

There are two key policies for addressing the health and wellbeing needs of children and young people at a local level: Health and Social Care Act 2012 (England and Wales. Statutes, 2012) and the Children Act 2004 (England and Wales. Statutes, 2004).

The Health and Social Care Act 2012 (England and Wales. Statutes, 2012) provides a significant transfer of responsibility for public health to local government. From April 2013 local authorities and partners will be required to have a local Health and Wellbeing Board to identify health and wellbeing priorities and drive forward and coordinate action to improve health and address health inequalities for adults and children. The Health and Social Care Act states Health and Wellbeing Board membership must consist of at least one elected local authority councillor; director of adult social services; director of children's services; the director of public health; a representative of the local Healthwatch; a Clinical Commissioning Group (CCG)

representative and any other representatives that the local authority thinks are appropriate.

Health and Wellbeing Boards are being introduced alongside GP-led Clinical Commissioning Groups (CCGs) and the NHS Commissioning Board following the abolition of Primary Care Trusts (PCTs) and Strategic Health Authorities (SHA). The Joint Strategic Needs Assessment (JSNA), a process that identifies current and future health and social care needs of the local population, is being enhanced (England and Wales. Statutes, 2012). The Health and Social Care Act 2012 makes Health and Wellbeing Boards, local authorities and CCGs jointly responsible for the JSNA, and places a requirement on Health and Wellbeing Boards, local authorities and CCGs to develop a Joint Health and Wellbeing Strategy (JHWS) which will oversee and inform commissioning decisions. The Act does not specify the form which the JHWS should take.

Further adding to local accountability is the requirement for local authorities and Local Involvement Networks to establish their local Healthwatch by April 2013. Healthwatch organisations will be an independent consumer champion for health and social care at a national ('Healthwatch England') and local level, ensuring that local needs analyses and strategy development take the views of patients and service users into account (England and Wales. Statutes, 2012).

From 31 October 2010 the Department for Education (DfE, 2012) withdrew statutory guidance on Children's Trusts, but the requirement for local authorities and partners to have a Children's Trust Board and the wider duty to cooperate to improve children's wellbeing, as set out in section 10 of the Children Act 2004, remains in force. The withdrawal of statutory guidance means that local authorities have the flexibility to ensure that their Children's Trust Board fits with local Health and Wellbeing Board arrangements to suit their local context. As a result local authorities are choosing to implement the changes in different ways with some

1 This case-study report specifically focuses on the local authority's approach to the Joint Strategic Needs Assessment (JSNA).

adapting their Children's Trust Board arrangements to a children's partnership arrangement.

However, the requirement for Children's Trust Boards to produce a statutory children and young people's plan (CYPP) was removed but they may continue to produce a plan where it makes sense locally. The relationship between the Children's Trust Board and the Health and Wellbeing Board will be key in improving children's outcomes. It will be supported by local authorities having the flexibility to arrange their Children's Trust in a way that makes sense locally.

Summary of findings

NFER's study provides a snapshot of where local authorities and partners were with reviewing and developing structures in an era of increased flexibility, freedom, uncertainty and change. Although it was early on in the process, and before the Health and Social Care Act had received royal assent, local authorities and partners were building on existing foundations to construct new ways of working to meet children's health and wellbeing needs. They remained committed to promoting the children's agenda during a time when adult services are placing increased strain on local authorities' and health bodies' resources. Of the several local authorities interviewed the research found that:

- Generally, local authorities appeared to have taken advantage of new flexibilities and freedoms around Children's Trust arrangements, for example, by streamlining board membership.

- Generally, Local Strategic Partnerships (LSP) have been superseded by the new bodies (for example, Shadow Health and Wellbeing Boards² and CCGs).
- Local authorities and partners have built on existing structures, partnership working and a shared ethos, rather than radically reforming their previous Children's Trust arrangements.
- Local authorities and partners remain committed to developing a children's commissioning plan, either through their existing Children and Young People's Plan arrangements or via new plans.
- Local authorities and partners are committed to ensuring the Children's Trust Boards (or equivalent); Health and Wellbeing Boards and CCGs are strategic, streamlined and focused on improving outcomes.

Method

The research team carried out 21 telephone interviews during February and March 2012. Interviews were carried out with Directors of Children's Services and Assistant Directors; Councillors with responsibility for children services or health; Health representatives including Directors of Public Health, consultants and a head of commissioning; Joint local authority/health representatives; Chairs of local boards including one Local Safeguarding Board Chair and a third sector representative.

2 Health and Wellbeing Boards will be in shadow form throughout England until April 2013.

1 Introduction

At a time of enormous change within local government and public health, the Local Government Association (LGA) commissioned the National Foundation for Educational Research (NFER) to investigate local authorities and partners' approaches to their children's trust arrangements and how they are fulfilling their duty to promote cooperation with partners to improve children and young people's health and wellbeing. Following the DfE's announcement to give local authorities increased flexibility to take forward their duty to promote cooperation with partners to improve children's wellbeing (England and Wales. Statutes. 2010), the LGA asked the research team to explore the:

- ways in which local authorities and partners are working together to promote local children's health and wellbeing
- newly emerging structures, such as Shadow Health and Wellbeing Boards³ and Clinical Commissioning Groups (CCGs)
- mechanisms that are supporting local authorities and partners with their health and wellbeing agenda
- issues and challenges facing local authorities and partners and how these are being overcome.

The findings presented in this report are based on interviews with local authority senior officers, councillors and public health leaders across seven English local authorities. Based on their knowledge of local developments around children's trust and health and wellbeing arrangements, the LGA provided a list of

potential authorities for inclusion in the study. These included:

- Calderdale Council
- Cambridgeshire County Council⁴
- Lancashire County Council
- London Borough of Sutton
- Milton Keynes Council
- Rotherham Metropolitan Borough Council
- West Sussex County Council.

The research team carried out 21 telephone interviews during February and March 2012. Table 1. below provides a breakdown of interviewees by job role.

Table 1. Number of interviewees by job role

Interviewee roles	Numbers
Directors of Children's Services and Assistant Directors	7
Councillors with responsibility for children's services or health	5
Health representatives including Directors of Public Health, consultants and a head of commissioning	4
Joint local authority/health representative	2
Chairs of local boards including one Local Safeguarding Board Chair	2
Third sector representative	1
Total	21

3 Health and Wellbeing Boards will be in shadow form throughout England until April 2013. Throughout the report, the authors refer to Shadow Health and Wellbeing Boards when referring to current arrangements across the case-study authorities. The term 'Health and Wellbeing Board' is referred to when referring to developments in the future beyond April 2013.

4 Interviewees in this local authority were asked specific questions about their approach to the Joint Strategic Needs Analysis (JSNA). The detailed case study is reported in chapter five. The research team explored the same themes with all other interviewees from across the other six LAs. Throughout this report, we report the views of all interviewees collectively.

This report is structured as follows:

Chapter 2: Policy context

Chapter 3: Key messages

Chapter 4: Conclusions and recommendations

Chapter 5: Seven case-study reports⁵.

5 The case-study reports are based on self-reported data collected through telephone interviews with local authority, health and local government representatives within each of the seven authorities. NFER has not sought to independently verify the information provided.

2 Policy context

Two key policies address the health and wellbeing of children and young people at a local level: Health and Social Care Act 2012 (England and Wales. Statutes, 2012) and the Children Act 2004 (England and Wales. Statutes, 2004). At the time of the research, the Health and Social Care Act 2012 had not yet received royal assent. As such, some of the views reflected in this report and by case-study local authorities are symptomatic of the debate and uncertainty surrounding the agenda at the time.

2.1 Health and Social Care Act 2012

The Health and Social Care Act 2012 (England and Wales. Statutes, 2012) provides a significant transfer of responsibility and funding for public health to local government. From April 2013 local authorities will be required to have a Health and Wellbeing Board to identify health and wellbeing priorities and drive forward and coordinate action to improve health and address health inequalities for adults and children. The Health and Social Care Act states Health and Wellbeing Board membership must consist of:

- at least one elected local authority councillor
- director of adult social services
- director of children's services
- the director of public health
- a representative of the local Healthwatch
- a representative of each clinical commissioning group
- and other representatives that the local authority think appropriate.

Health and Wellbeing Boards are being introduced alongside GP-led Clinical Commissioning Groups (CCGs) and the NHS Commissioning Board (following

the abolition of Primary Care Trusts (PCTs) and Strategic Health Authorities (SHA). The Health and Wellbeing Boards are currently running in shadow form until they become statutory from April 2013. The Joint Strategic Needs Assessment (JSNA), a process that identifies current and future health and social care needs of the local population, is being enhanced (England and Wales. Statutes, 2012). The Health and Social Care Act 2012 makes the local authorities, Health and Wellbeing Boards and CCGs responsible for the JSNA, and places a requirement on local authorities, Health and Wellbeing Boards and CCGs to develop a Joint Health and Wellbeing Strategy (JHWS) which will oversee and inform commissioning decisions. The Act does not specify the form which the JHWS should take.

2.2 Duty to cooperate and Children's Trusts

From 31 October 2010 the Department for Education (DfE, 2012) withdrew statutory guidance on Children's Trusts, but the requirement for local authorities and partners to have a Children's Trust Board and the wider duty to cooperate to improve children's wellbeing, as set out in section 10 of the Children Act 2004, remains in force. The withdrawal of statutory guidance means that local authorities have the flexibility to ensure that their Children's Trust Board fits with local Health and Wellbeing Board arrangements to suit their local context. As a result local authorities are choosing to implement the changes in different ways with some adapting their Children's Trust Board arrangements to a children's partnership arrangement.

However, the requirement for Children's Trust Boards to produce a statutory children and young people's plan (CYPP) was removed but they may continue to produce a plan where it makes sense locally. The relationship between the Children's Trust Board and the Health and Wellbeing Board will be key in improving children's outcomes. It will be supported by local authorities having the flexibility to arrange their Children's Trust in a way that makes sense locally.

2.3 Local Healthwatch organisations

Further adding to local accountability, is the requirement for local authorities and Local Involvement Networks to establish their local Healthwatch by April 2013. Healthwatch organisations will be an

independent consumer champion for health and social care at a national ('Healthwatch England') and local level, ensuring that local needs analyses and strategy development take the views of patients and service users into account (England and Wales. Statutes, 2012).

3 Key messages

This chapter provides an overview of the key messages emerging from interviews with councillors, local authority officers and health representatives on the duty to promote children's health and wellbeing. The findings are presented under the following six themes:

- local authorities and partners' approaches to children's health and wellbeing
- partnership arrangements
- developing a shared vision: needs analyses, priorities and plans
- benefits of the new approaches
- challenges associated with the new approaches
- advice to other local authorities and partners.

3.1 Local authorities' approaches to promoting children's health and wellbeing

One of the Government's drivers for withdrawing the statutory guidance on Children's Trust Boards was to reduce bureaucracy. While interviewees did not report that recent changes had led to a reduction in bureaucracy (indeed one interviewee commented that now a 'different bureaucracy' exists), the recent reforms have supported some local authorities and partners to review their provision and structures. It should also be borne in mind that most of the local authorities and partners involved in the research had already undertaken restructures and reforms in the preceding three years to improve outcomes and efficiency. This section discusses the different approaches local authorities and partners have been undertaking with regard to Children's Trust

formation of new bodies such as Health and Wellbeing Boards and CCGs.

3.1.1 Children's Trust arrangements

In October 2010, the Government removed the statutory guidance on Children's Trust Boards but retained the requirement for local authorities and partners to have Children's Trust arrangements still in place. Local authorities are free to decide on how these arrangements will work best locally to ensure the 'duty to cooperate' to improve the wellbeing of children and young people is being met.

All seven local authorities involved in the research had amended their Children's Trust arrangements to different degrees. For example, some county councils kept their localities' Children's Trust/partnership board⁶; these are local bodies representing local communities. Each locality Children's Trust/partnership board fed local issues into the wider county-level Children's Trust/partnership board. Some local authorities had adapted their board to a different, but similar body; where this was the case, often the name was changed. New names included: Children and Young People's Executive (CYPE); Children and Families Partnership or Children, Young People and Family Partnership Board.

Local authorities and their partners were keen to build on existing collaborative structures and mechanisms to achieve better outcomes for children. All the case-study local authorities appeared to have taken advantage of the increased flexibility and freedoms around Children's Trust arrangements to some extent (alongside reinforcing their commitment to the duty to cooperate and promoting this with partners). All had streamlined their Children's Trust/partnership board memberships, enhancing the focus of the board. Moreover, most had refocused and reduced their number of children's priorities (this is discussed in further detail in section

⁶ While some local authorities have chosen to retain the nomenclature of a Children's Trust, in others the work is undertaken by a 'partnership board'. Throughout the report the authors refer to these Boards as 'Children's Trust/partnership board'.

3.2). This was even the case in local authorities where interviewees described their Children's Trust Board as 'thriving' and their partners' commitment to the board was considered to be strong.

Interviewees gave various reasons for modifying their Children's Trust arrangements. Within one local authority, for example, the decision to amend the Children's Trust Board took place with the arrival of a new Director of Children's Services. Previously this local authority had been failing to meet the needs of its children and the board was considered 'ineffective'. Of course, the changes to their Children's Trust arrangements may have happened as a direct result of organisational restructures.

Although it was early days, the new Children's Trust/partnership board structures were considered to be more 'strategic' and less 'unwieldy'. Smaller board membership was perceived to have resulted in quicker, more effective decision-making processes. Interviewees saw membership structures as being crucial to driving through change. Generally, members were drawn from the following bodies:

- Local authority, including the Director of Children's Services and councillors including the Lead Member for Children's Services
- Local safeguarding children board (LSCB)
- Shadow Health and Wellbeing Board⁷
- Police
- Third sector
- Schools
- CCGs.

In addition, some areas' membership extended to the fire services and further education sectors.

Interviewees considered regular meetings of the Children's Trust/partnership board to be important to its success. For this reason, one local authority had moved from having quarterly to bi-monthly meetings to enhance the board's capability to drive change forward.

Interviewees remarked on the relationship between the Children's Trust/partnership board and Shadow Health and Wellbeing Board. There was agreement that the two should hold each other to account when looking at children's outcomes. In addition, the Children's Trust/partnership board was seen as a way to ensure children's priorities remained at the forefront of the health and wellbeing agenda in the future.

3.1.2 Other groups

At the time of the research, there was not yet a statutory requirement for Shadow Health and Wellbeing Boards and CCGs to be established, but all areas involved in the research had both in place.

Shadow Health and Wellbeing Boards

Despite it being relatively early on in the development cycle, with some local authorities and partners reporting that their Shadow Health and Wellbeing Board had only met once or twice, interviewees were positive about the potential of the Health and Wellbeing Boards. Across all the local authorities, Shadow Health and Wellbeing Board developments were building on previous collaborative working arrangements and structures. These included the Children's Trust Boards and Local Strategic Partnerships (LSP), the latter of which had been disbanded in all but one local authority. In these local authorities, interviewees considered that the remit of the LSPs was collectively being covered by the new Children's Trust/partnership board, Shadow Health and Wellbeing Board and CCGs. Furthermore, interviewees felt that the role of Healthwatch would help ensure community representation in the future.

7 Throughout the report, the authors refer to Shadow Health and Wellbeing Boards when referring to current arrangements across the case-study authorities. The term 'Health and Wellbeing Board' is referred to when referring to developments in the future beyond April 2013.

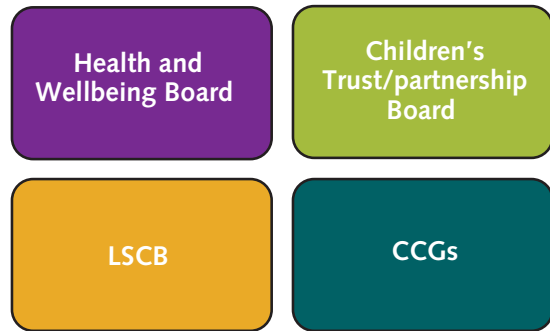
8 The groups highlighted in purple were announced as statutory members within the Health and Social Care Act 2012. The groups highlighted in green are the case-study's local authorities non-statutory board members.

There was a strong commitment to ensuring that the Shadow Health and Wellbeing Boards would be 'more than a talking shop'; their size and composition was therefore extremely important. While the membership arrangements were evolving at the time the research was conducted, Shadow Health and Wellbeing Board members generally comprised the local authorities' key partners and included the statutory members presented in Figure 3.1.

Interviewees saw the working relationship between the Shadow Health and Wellbeing Board, Children's Trust/partnership Board and LSCB as being one of the strengths of the increased flexibility around the duty to cooperate. This was achieved through operational practices and their willingness to collaborate and share data. Furthermore, the strategic groups were supported by operational working groups (as presented in Figure 3.2) that comprised the local authority, health, police, third sector organisations, schools and any other local relevant partners. The operational partnership working groups took forward the strategic partnership groups' decisions.

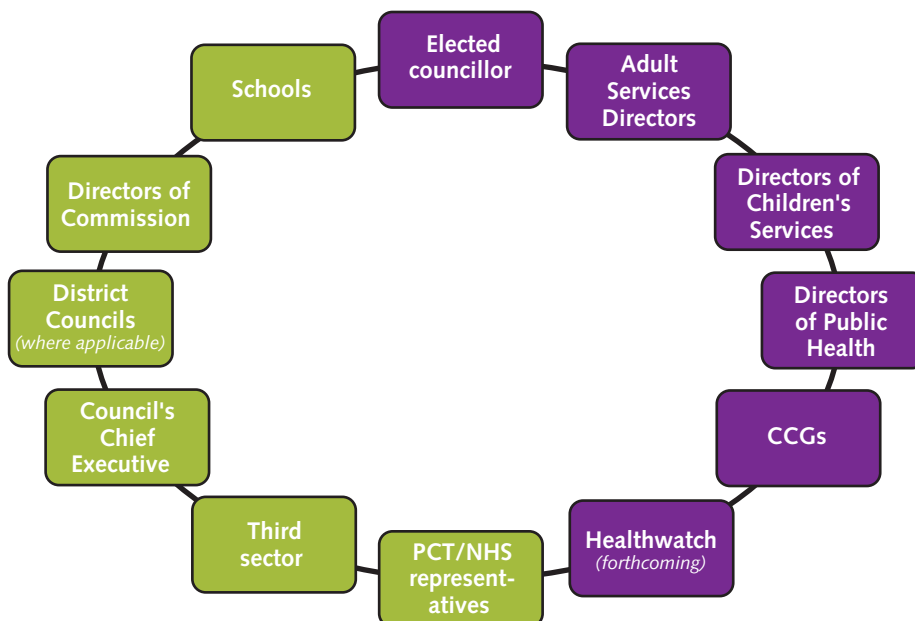
For most of the local authorities and partners involved in the research, identifying and agreeing governance arrangements were live topics. While they awaited a legislative direction and worked out the detail of the Shadow Health and Wellbeing Boards, overall there was a strong commitment and desire for the boards to:

Figure 3.2 Operational partnership working groups promoting children's health and wellbeing



- build on existing partnership arrangements and experience to develop their structures
- be focused and take forward the strategic priorities for children
- make sure their work complemented (and did not duplicate) the work of the Children's Trust/partnership board, LSCB and CCGs when looking at children's priorities and needs
- be an influencing body that is flexible and inclusive
- promote joint commissioning between CCGs and the Children's Trust/partnership board.

Figure 3.1 Case-study areas' Shadow Health and Wellbeing Board membership⁸



All interviewees commented that it was too early to comment on changes that had resulted in the formation of the Shadow Health and Wellbeing Boards. One health representative interviewee said the Health and Wellbeing Boards have the potential to make a real difference to children's outcomes but that they had a long way to go.

Clinical Commissioning Groups (CCGs)

When asked about the role of CCGs in promoting the health and wellbeing needs of children, all interviewees noted that it was 'early days'. In most of the local authorities, CCGs were starting to be formed but interviewees remarked that more needs to be done to clarify their governance arrangements and commissioning responsibilities. Interviewees were uncertain about where the responsibilities of the CCGs, NHS Commissioning Board and the local authorities for public health would lie. Furthermore, there was uncertainty about how, for example, maternity services, health visiting, neo-natal care, teenage pregnancy and school nurses would meet the needs of the local community in a joined-up way when they could be commissioned by different bodies. At the time of the research, it was not clear who would have responsibility for delivering and/or the commissioning each of these services/priority areas.

Interviewees raised additional concerns about the capacity of the CCGs. One health interviewee commented that currently, for example, PCTs have expert data analysts who conduct thorough local needs analyses. This interviewee was concerned that CCGs may not have the skills and ability to do this role in the future.

Some positive stories were emerging about how GPs were beginning to engage with the Children's Trust/partnership boards. This was seen as positive when thinking about CCGs' roles in the future. Indeed, one interviewee explained that the CCGs will act as a 'bridge' between GPs and the Children's Trust/partnership boards. Moreover, interviewees talked about how the CCGs, Health and Wellbeing Boards and Children's Trust/partnership boards would feed into one another through joint representation on the different bodies. Local authority interviewees were confident

that the Children's Trust/partnership board and LSCBs would feed children's needs into the CCGs and would therefore remain a commissioning priority.

Local Safeguarding Children's Board (LSCB)

The role of the LSCB, alongside the health bodies and other partners, was seen as crucial in supporting vulnerable children and families. Interviewees reported that generally the LSCB chair was involved in the Children's Trust/partnership board and the Shadow Health and Wellbeing Boards. Several local authorities had strengthened the communication between the LSCB and other bodies. This promoted organisations' understanding of one another's roles and responsibilities, for example, through joint training for officers and elected members on wellbeing.

In terms of operational practice this meant sharing data and participating in the work of Executive Groups. For example, in one local authority a Children and Young People's Partnership Executive had been set up and its work was informed by data from the LSCB. In another, the LSCB had made presentations to the Shadow Health and Wellbeing Board and they were promoting understanding of the issues involved in safeguarding across all providers. They were also dovetailing their plans to ensure greater synergy and this was intended to lead to closer collaboration in future. Another local authority gave the LSCB an opportunity to place an item on the Shadow Health and Wellbeing Board agenda. Together with the Children's Trust/partnership boards, many interviewees talked about how the LSCB chairs would help ensure children's needs are represented on and prioritised by the new structures. There was commitment and support for having cross-representation between the LSCB, Children's Trust/partnership board, Health and Wellbeing Board and CCGs.

Local Healthwatch

Across the case-study areas, local authorities and partners had set Shadow Health and Wellbeing Boards and CCGs as priority areas for development with local Healthwatch developments coming later.

3.2 Partnership arrangements

Across all the local authorities, interviewees explained how partners were working well to improve outcomes for children. In particular, relationships with the police had developed recently especially with the introduction of multi-agency safeguarding hubs (MASH). Better relationships between local authorities and police were helping to improve information sharing and provision for children and families, particularly in relation to domestic abuse and youth crime. One interviewee explained how their local authority had set up a website to give children and young people information and advice. The local police force and health colleagues were interested in replicating something similar to share information with children about health, behaviour and crime. Instead of duplicating effort by starting something new, they made the wider range of information available to children and young people in one place.

Third sector engagement in improving children's health and wellbeing was said to be very good. While the current economic climate meant that some local authorities and partners were making hard decisions in relation to third sector funding, there was a strong commitment from all sides to develop working together in the future. Indeed, local authorities and partners were keen to draw on the expertise of the third sector to support children.

When talking about third sector organisations' engagement on the various strategic bodies, a small number of interviewees noted a difficulty in ensuring that the diversity of local voluntary organisations was represented. Generally, the third sector was represented on the Children's Trust/partnership board and Shadow Health and Wellbeing Boards, but its role was advisory as opposed to being a commissioner.

Mechanisms to support joint working

Mechanisms to support local authorities, health and partner agencies to work together include:

- co-location of services and joint funded posts, which had helped to break down barriers and promote communication between the different local authority and health bodies

- the 'Working Together for Change' guidance produced by the Department for Health (DoH, 2009), which one health representative commented had encouraged engagement and developed partnerships.

Although partnership working had developed over recent years, there was a perception among interviewees that more could be done. Across the local authorities and partners, senior leaders' commitment, sign-up and shared vision was strong; however, some raised concerns about how much this filtered down to the operational level. This is where joint funded posts seemed to be helping to break down barriers. Furthermore, having senior leader representation on the key decision-making bodies (Children's Trust/partnership board, Shadow Health and Wellbeing Board, CCGs) was seen as essential to ensure decisions could be made within meetings and avoid delay while people had to take issues back for ratification. Having strategic commitment, direction and senior leader membership was seen to be crucial in ensuring progress for children.

Accountability

One of the main challenges associated with partnership working was clarifying the lines of accountability between the various bodies. As a reflection of the current changes within local authorities, public health and the NHS, there was a lack of clarity (and sometimes confusion) about who would be responsible and accountable in the future. While some interviewees were clear about safeguarding and educational outcomes accountabilities, they felt that work needed to be done to establish and clearly define accountability and governance arrangements between partners and the strategic boards.

Information sharing

Generally, interviewees considered information sharing between partners to be good. Nonetheless, interviewees raised concern about GPs' lack of willingness to share information. One local authority tried to overcome this issue and spoke about signing an agreement whereby information could be shared. Another proposed to use the 'troubled families' agenda

to promote information sharing between the local authority, partners and GPs. For many, however, this issue remained a live challenge and one that caused concern for the future with the developing role of CCGs.

3.3 Developing a shared vision: needs analyses, priorities and plans

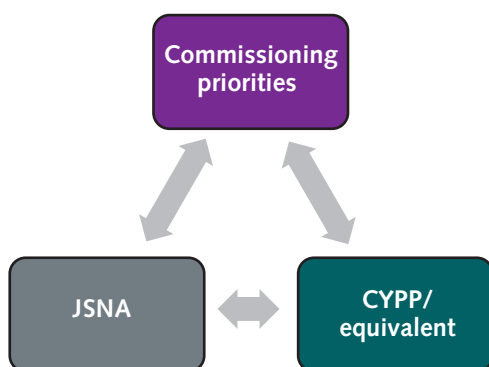
The research team asked all interviewees about their needs analysis activity, priorities and plans for children. Specifically, the team explored the:

- extent to which partners held a shared vision for children and their communities
- JSNA and the CYPP and other sources of need analysis data.

3.3.1 Developing a shared vision

Interviewees reported that local authorities, health and partner agencies had a shared vision for improving children’s outcomes. Sharing the development of priorities seemed to support the development of a shared vision and raise the organisations’ awareness of individual and collective priorities and commissioning needs (see figure 3). During the past 12 to 18 months, for example, local authorities’ awareness of the public health agenda had developed considerably. The JSNA and CYPP (or equivalent children’s commissioning plan) were seen as key resources in supporting a shared vision and in determining local commissioning priorities (this is discussed in further detail below).

Figure 3.3



Although generally local authorities, health bodies and partners were said to hold a shared vision for promoting children’s health and wellbeing outcomes, there was concern amongst some interviewees about the extent to which individual organisations prioritised children’s needs. Some interviewees believed that while partners were committed to developing outcomes for children, they had greater priorities elsewhere. These comments came in light of adult services’ demand on health and local authority budgets.

3.3.2 Children and Young People’s Plans

Local authorities and partners’ approaches to keeping their CYPP varied slightly. Four of the seven outlined plans to retain their CYPP in the future, once the existing one has ended. One Director of Children’s Services remarked that it was ‘good practice’ to have a CYPP and wanted to continue having an overarching plan for children in the future. Another local authority representative, whose authority had recently reviewed its CYPP, stated that they were in a privileged position financially to be able to produce a CYPP and would start looking at producing the next one within 12 months.

Of the three local authorities that had chosen not to continue their CYPP, the main reasons were: they would be replacing it with a ‘Priorities Plan’; because partner organisations had their own strategic plans; the additional resource was not needed; and the CYPP was superseded by the Children’s Trust/partnership board work. Within this latter local authority, the Children’s Trust/partnership board had carried out a needs analysis and set priorities resulting in all partners being clear about who was accountable for what.

Across the local authorities and partners that retained their CYPP and those that had removed or replaced it, partnership engagement in their needs analyses, priority setting and plan development was considered to be good. Furthermore, where the CYPP or new plans had been provided, they were considered to be more focused and streamlined. Indeed, interviewees talked about reducing their priority areas from over a hundred to twenty.

3.3.3 Joint Strategic Needs Assessment (JSNA)

The JSNA was perceived to provide an overarching needs assessment of the community, including children. Across all local authorities, the role of the JSNA in providing needs analysis data on children and adults was seen to be crucial. It is not exclusively focused on children, however, and, as a result, interviewees commented that more needed to be done to raise the profile of children within it. Some interviewees talked about delving deeper into the JSNA figures, with some commenting that it needed to be more than a 'repository' of information. For children, the CYPP helped ensure the detail around the JSNA.

The approach one local authority⁹ adopted to undertake the JSNA appeared to be different from that of others. They undertook a staged thematic approach which focused on individual client group needs. Each thematic assessment fed into an overarching JSNA plan.

In addition to the JSNA and CYPP, local authorities and partners supplemented children's needs analysis data with local consultations and surveys. There was a feeling that the JSNA needed accompanying data to 'provide the story' behind the figures. To fill the gap, local authorities and partners commissioned additional data collection activities, such as school surveys (both primary and secondary pupils), and had effective children and young people's engagement through Youth Parliaments and boards. Indeed a small number of local authorities and partners had young people representation on their Children's Trust/partnership board.

Overall, local authorities and partners had a strong commitment to engaging with children. They talked of activities where they had responded to their needs based on the JSNA and other data sources. For example, one of the local authorities had carried out a school survey that had highlighted an issue with alcohol misuse amongst children. As a direct result of the findings, plans were put in place to start to address this area and bids had been developed to obtain

funding to support awareness-raising work about this problem.

3.4 Benefits of the new approaches

The research team asked case-study interviewees for their views on their greatest successes with regard to the health and wellbeing agenda to date. Responses varied and included:

- building on collaborative working between the local authority, health and partner agencies
- having candid and robust discussion between senior leaders
- conducting joint commissioning.

Generally, interviewees explained that one of the mechanisms that supported them in developing the children's health and wellbeing agenda was the historical partnership working between health, the local authorities and other partners. Directors of Children's Services and Directors of Public Health seemed to have positive and constructive relationships, whereby they provided constructive challenge to one another. Mutual respect, common understanding and trust were seen to be key mechanisms helping local authorities and partners to improve children's outcomes.

Although none of the local authorities and partners had moved toward pooled budgets, they acknowledged the progress they had made with joint commissioning, for example, between the local authorities and health for Child and Adolescent Mental Health Services (CAMHS) and between the local authorities and police in safeguarding children. In two local authorities¹⁰, jointly commissioned posts were funded by the local authorities and health bodies. These posts were perceived to develop better links, help break down barriers and unite cultures. There was recognition that more needed to be done to pool resources and budgets in the future. Some interviewees wanted to move towards pooled budgets but acknowledged how

9 See Cambridgeshire County Council case study

10 See Lancashire County Council and West Sussex County Council

difficult this would be, while others talked about how, in times of austerity, the need for pooled budgets may be greater.

When asked about impact, interviewees explained that it was too early to comment. They were hopeful that there would be positive change in the future, but also identified areas of challenge (these are outlined in section 3.5). Most of the local authorities and partners involved in the research were starting to think about how they will measure changes to children's health and wellbeing in the future. With regard to children's health and educational outcomes, there was an understanding that common indicators already existed, for example, national indicators for teenage pregnancy rates and child obesity. Interestingly, interviewees did not talk about how they would measure changes to children's wellbeing specifically. There was recognition that more needed to be done by the Shadow Health and Wellbeing Boards to establish measures of change.

3.5 Challenges associated with the new approaches

While celebrating the benefits of partnership working, interviewees also spoke of the challenges associated with working together to promote children's health and wellbeing. The uncertainty around the health agenda in light of the Health and Social Care Bill emerged as the one overarching challenge, with the uncertainty described as 'destabilising' and 'unknown'. Interviewees described the ambiguity surrounding the individual and respective roles, responsibilities, governance and commissioning arrangements of the various bodies. There was concern that health may become more fragmented in the future, while bringing the two different cultures of local authorities and health together was seen as particularly challenging.

With specific regard to children, some interviewees remarked that the challenges remained the same as before. However, others noted concern about the prioritisation of children's health while adult services were placing a strain on budgets. There was hope, however, that Children's Trust/partnership boards and LSCB representatives on the Health and Wellbeing Boards would safeguard children's priorities.

Other challenges and areas of concern related to:

- doing more for less and increased workloads as a result of restructures and budget cuts
- ensuring academies and free schools engage in the health and wellbeing agenda. While no difficulties had emerged to date, there were concerns about future engagement and relationships in those local authorities with a large proportion of academies and free schools.

These challenges were not perceived as insurmountable, however, and the commitment to overcoming these remained strong.

3.6 Advice to others

The research team asked interviewees what advice they would give to other local authorities and partners to help them promote the duty to cooperate to improve children's health and wellbeing. The advice given, regardless of interviewees' professional background or role, was remarkably consistent and related to:

- reviewing existing structures and partnerships to ensure they remain focused, relevant and as streamlined as possible
- having strong leadership and management within individual organisations and collectively, clearly outlining current and future areas of priority, need and direction of travel
- ensuring local authority senior leaders, including Directors of Children's Services and lead members for children's services, are represented on children's and health bodies to ensure issues are discussed and decisions made quickly
- developing clear terms of reference for the Health and Wellbeing Board and sharing its focus with other bodies, including the local authorities, CCGs and LSCB
- collectively developing a shared vision and priorities
- developing a strong evidence base built on robust needs analysis

- developing positive relationships with partners based on trust, respect, common understanding, dialogue and a commitment to working together
- promoting information sharing between partners and children's and health bodies
- understanding and developing the workforces across the local authority, health bodies and partner organisations
- embedding children and young people's needs into the JSNA, ensuring it is not perceived as an add-on
- raising communities' awareness of the importance of health and wellbeing and early help.

4 Conclusions and recommendations

Our study shows that local authorities, health and their partners were developing local arrangements to promote children's health and wellbeing at a time of uncertainty and change. Although it was early on in the process, local authorities and partners were building the foundations on which to construct new ways of working to meet children's health and wellbeing needs. They remained committed to promoting the children's agenda during a time when adult services are placing increased strain on local authorities' and health bodies' resources.

This research provides a snapshot of where local authorities and partners were with reviewing and developing structures in an era of increased flexibility and freedom. Generally, local authorities and partners appeared to have taken advantage of new flexibilities and freedoms, for example, by streamlining Board

membership. Generally, LSPs have been superseded by the new bodies (Shadow Health and Wellbeing Boards and CCGs). Local authorities and partners had not, however, radically reformed their previous Children's Trust arrangements. Instead local authorities, partners and the new bodies have built on existing structures, partnership working and a shared ethos. Furthermore, commitment remained to developing a children's commissioning plan, either through their existing CYPP arrangements or via new plans. Once again, local authorities and partners seemed to be building on previous ways of working and local needs data to ensure the new flexibilities and freedoms were fit for purpose and met their local communities' needs. Moving forward, there is a commitment to ensuring the Children's Trust/partnership boards, Health and Wellbeing Boards and CCGs are strategic, streamlined and focused on improving outcomes.

5 Case Study Reports

5.1 Calderdale Council

Context	Calderdale is a metropolitan borough in West Yorkshire with a 0 to 19 population of over 48,000. The council has no overall political control.
Children's Trust arrangements	The Children's Trust was replaced in June 2011 by the Children and Young People's Partnership Executive (CYPPE). The CYPPE is a small strategic body.
CYPP status	The Children and Young People's Plan was replaced by a 'Strategic Priorities Planning Framework' based on evidenced need, which sets out the strategic priorities for children's health and wellbeing. The Plan will be used for commissioning.
Health and Wellbeing Board	The Health and Wellbeing Board exists in shadow form to take forward strategic priorities.
Strengths	Children's Services has a new senior management team and the LSCB is considered more effective. There is a strong commitment to partnership working, improved information sharing between partners and a greater use of specialist knowledge. The local authority has strong children's participation.
Areas of challenge	Areas of challenge relate to continuity of staff in children's social care and a need to re-establish trust with all partners following an 'inadequate' Ofsted inspection; a dislocation of schools; destabilising of NHS and difficulties of information sharing with the abolition of national e-CAF.
Priorities	The council was given a notice to improve in April 2011; they are working to get out of DfE intervention.
For further information about the LA's approach please contact:	Sian Rees, Interim Assistant Director for Commissioning and Partnerships (sian.rees@calderdale.gov.uk)

What is the approach?

In 2011, the Children and Young People's Partnership Executive (CYPPE) replaced the Children's Trust, which was regarded as 'unwieldy' and 'ineffective'. The CYPPE is now a smaller, more strategic body – a good structure, according to early feedback from Partners. The CYPPE is seen to provide clarity around setting priorities and encouraging partnership working. There is no evidence of impact as yet, which is to be expected given the early stage of progress. The CYPPE is chaired by the Director of Children's Services and has representation from school headteachers, the police, the Clinical Commissioning

Group (CCG), Chair of the local safeguarding board and third sector organisations.

The LSCB has representation from schools, police, community and councillor representation and the CCGs and now works more closely with the adults' social care. It has good data collection processes and responds quickly to emerging issues arising from the data analyses. The joint representation of roles across the CYPPE and the LSCB supports working together and information and data sharing. This new way of working offers a more streamlined approach to meeting children's needs in Calderdale than was the case prior to the 2010 inspection. Offering additional

support to enhance children’s health and wellbeing is a local DfE Improvement Board. This body has a multi-agency representation and is responsible for improving services for children and their families across the agencies in the wake of the critical Ofsted report. The council is working hard to get out of its Notice to Improve.

The CCGs are contributing to strategic planning and multi-agency working and this is supporting a holistic approach to children’s health and wellbeing. It is hoped the shared commitment by the CCGs, LSCB and CYPPE will improve children’s health and wellbeing in the future. Better information sharing, being more responsive to needs and better collaborative working are the drivers to achieve this.

In Calderdale, the Children and Young People’s Plan (CYPP) has been replaced by a ‘Strategic Priorities Planning Framework’. The Framework outlines a number of strategic areas, which will be used to drive all service planning and commissioning. The priorities are based on a wide range of needs analyses, including the JSNA, the Safeguarding Board and an annual school survey. To date, the latter has been carried out with year 10 pupils (although in future this may also include year 6 pupils) and provides valuable data on children’s experiences and views from across the local authority. For example, analysis of this data determined that alcohol consumption among young people is a priority. Within two weeks, the police were able to respond to this finding with a campaign about youth and alcohol consumption.

Future supporting data will include an outcomes-based monitoring system which will enable the council to evidence and evaluate change.

Key players

The Health and Wellbeing Board¹¹ exists in shadow form and is taking forward strategic priorities and aims. It aims to become ‘a

visionary strategic driver’. It has yet to formalise its relationships with other strategic groups.

How is the approach working in practice?

Key factors in supporting children’s health and wellbeing are the common representation across key bodies, a streamlined CYPPE and thorough needs analysis. Needs analysis is informed by the JSNA and other data sources, such as the annual schools survey, data from LSCB and its young people’s advisory group and the young inspectors’ team. In addition to the greater understanding of need, the key bodies are making better use of specialist knowledge. For example, teachers and doctors are invited to meetings to discuss specific issues and offer their expert view on decisions. Another mechanism that is helping to promote a joined-up approach to children’s needs is the physical integration of services on co-located sites. Different agencies are sharing office space and IT systems, which is helping to encourage collaborative working and assist in planning. For example, police and social care staff working at each other’s offices has helped support a better response to children in families with domestic abuse and it is hoped to find a resource where they can be co-located in the near future.



11 The statutory members of a Health and Wellbeing Board are given in Figure 3.1 on p.7.

Furthermore, information sharing is supported by key reports being distributed to all bodies and the council website having a section where documents can be held.

Across the council, community groups, the voluntary sector and young people are well engaged. Third sector bodies are consulted by commissioning groups (although they are not involved in the commissioning work itself) and they help meet the needs of children and families. Children's voice is reported to be strong in Calderdale with, for example, the safeguarding board seeking the views of children through the Young People's Advisory Group and School Councils.

Inevitably, challenges face the council. These relate to ensuring early help service provision. Practitioners need to understand better that offering early help is important and that child protection is not the only priority for the council. The local authority is seeking to strengthen early intervention at a local level by ensuring that children's health and wellbeing needs are met, by bringing together all relevant agencies, early on in the process. This approach is being embedded across all localities in the county. Other challenges relate to a historically high social care staff turnover rate following the inspection and, while there have been big improvements in information sharing, an issue remains with GPs' unwillingness to share information due to patient confidentiality. The council is trying to find solutions to this issue through the Troubled Families agenda. The council is also struggling with the destabilising of the NHS at a time of financial restriction. The uncertainty surrounding the health reforms in Calderdale is adding to the complexities of supporting children's health and wellbeing.

Despite the current challenges, the council and its partners have a shared vision, better mechanisms for collaboration and a sense of optimism for taking the health and wellbeing agenda forward in the future.

Advice to others

Interviewees representing Calderdale gave the following advice to other local areas:

- Engage all parties in a dialogue to establish clear needs and priorities and promote working together to achieve better outcomes for children.
- Have a good evidence base and robust needs analysis to support priorities and target setting.
- Promote the health and wellbeing and early help agenda concurrently.

5.2 Cambridgeshire County Council

Context	Cambridgeshire County Council in eastern England is controlled by the Conservative Party. The population aged 0 to 19 is around 142,000.
Children's Trust arrangements	The Children's Trust focus and membership has been reviewed to make it more focused on core issues.
CYPP status	There is no longer a CYPP and its work is now being taken forward by the Children's Trust.
Health and Wellbeing Board	A Shadow Health and Wellbeing Board has been set up which is establishing the structures that will underpin future collaboration.
Strengths	Established partnerships and the positive relationships between stakeholders and the work of the JSNA in identifying needs and establishing priorities.
Areas of challenge	Concerns about budget pressures and in particular the heavy demand on Adult Social Services and health services.
Priorities	Early intervention to support mental health and emotional wellbeing; educational outcomes linked to disadvantage; families with complex needs; children with special educational needs; alcohol and substance misuse; community safety and domestic violence.
For further information about the LA's approach please contact:	Hannah Woodhouse, Service Director: Strategy & Commissioning Hannah.woodhouse@cambridgeshire.gov.uk

This case study examines the process by which Cambridgeshire County Council's Joint Strategic Needs Assessment (JSNA) was undertaken and the way its priorities for children and young people have influenced the work of key stakeholders in the county.

In Cambridgeshire, the core priorities as they relate to children and young people are being taken forward by the Cambridgeshire Children's Trust. There is no longer a Children and Young People's Plan (CYPP) because it was felt to be duplicating other work.

The Shadow Health and Wellbeing Board has only recently been established but it is building on the existing experience of partnership working within the county. The Primary Care Trust (PCT) and the County Council are at the core of developing the Shadow Health and Wellbeing Board and determining how it will work. The police and other organisations are also

involved as partners. The Shadow Health and Wellbeing Board is conceptualised as an 'influencer' focusing on making change happen through a flexible and inclusive approach. It will add value to processes by encouraging collaboration.

The Shadow Health and Wellbeing Board¹³ will develop its role and delegate authority to its members to take decisions and commit resources as required, in the future. At present, the majority of decisions are referred back to individual organisations for ratification and no pooling of resources has taken place.

Developing the JSNA

The JSNA is produced through a process which is led by the County Council and the PCT with other stakeholders such as the voluntary sector and the

12 This case study was selected as a result of its approach to undertaking the JSNA.

13 The statutory members of a Health and Wellbeing Board are given in Figure 3.1 on p.7.

police also contributing. It uses a thematic approach to focus on the needs of different client groups. For example, it is comprised of individual assessments for children and young people; adults with mental health issues; and traveller communities. These constitute discrete needs assessments which then feed into an overarching county-wide appraisal of the health and wellbeing needs of the population. As noted above, the Children's Trust plays the key role in developing the element of the JSNA focusing on children and young people. Furthermore, it is responsible for formulating the response to the JSNA's recommendations in areas highlighted through in the Joint Health and Wellbeing Strategy (JHWS).

Identifying JSNA priorities

From the localities-based analysis, priorities for action have been agreed. These address issues such as the need to intervene early, to support good mental health and emotional wellbeing, and to prioritise specific areas such as poor educational outcomes linked to disadvantage, high priority families, children with special educational needs, alcohol and substance misuse, community safety and domestic violence. The response to this analysis is underpinned by a commitment to the principle that better multi-agency working, sharing information between stakeholders and developing locality-based commissioning approaches should meet the needs of individual localities while reducing geographic variations in services.

The JSNA and the Shadow Health and Wellbeing Board

The JSNA has improved the availability of data and it will inform the Health and Wellbeing Board's decision making as well as that of other stakeholders in Cambridgeshire. Consequently, it provides key messages and recommendations that will provide a basis for future commissioning decisions. One of the roles of the Children's Trust will be to ensure that the priorities around children and young people, identified in the JSNA, are taken forward by the Health and Wellbeing Board. In

future, the Health and Wellbeing Board will itself decide on the focus of JSNA reviews.

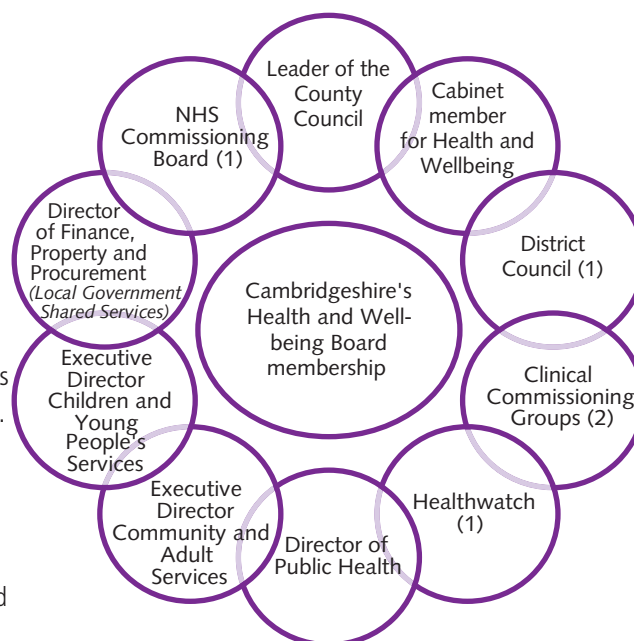
Using JSNA data to improve outcomes for children

Specific data was collected on educational outcomes, on children and young people with special educational needs, the link between educational performance and disadvantage, teenage pregnancy and the needs of high priority families.

The outcomes of the JSNA have been presented to stakeholders such as the Children's Trust and commissioning priorities are informed by its data analysis. Presentations have also been delivered to various audiences in the county including the Youth Parliament and through the Children's Trust website.

Key players in the JSNA

The County Council and the PCT were the main partners involved in developing the JSNA. Relevant cabinet members in the County Council were also involved as well as District Council cabinet members. Ward councillors provided limited input into the JSNA.



JSNA and commissioning priorities

Stakeholders felt that there was a strong shared vision and a determination to improve the situation of vulnerable groups across the county. They believed that the JSNA had led to a more focused approach which would be developed further in future. The Shadow Health and Wellbeing Board would ensure that children and young people's priorities were aligned with those of the health and wellbeing agenda more broadly. Furthermore, they are aware of the need to foster close working relationships with schools that have become academies, to ensure that they choose to work with other stakeholders to address the health and wellbeing agenda.

Impact of the JSNA

Local authority and partners

A range of partners are involved in promoting the health and wellbeing agenda alongside Cambridgeshire County Council. Officers believe that this is a strength in the county. The Children's Trust includes a broad range of members, including County and District Council representatives, JobCentre Plus, NHS, police, fire service, probation, representatives of the school and further education (FE) sector and Local Safeguarding Children Board (LSCB). The JSNA provides the evidence to enable discussions to become more focused by highlighting the key messages and priorities. It has contributed to the creation of effective strategies for public health and offers a firm basis for future work, including in the specific area of children and young people's health and wellbeing.

Children and young people

It is considered too early to come to any firm conclusions about the impact on children following the changes to the JSNA. The local authority has established its structures and identified its priorities and these will be addressed in ways which address the underlying needs within the county.

Successes and challenges of the JSNA

The JSNA has contributed to improvement in children and young people's health and wellbeing by highlighting the areas of greatest need and identifying the way in which different agencies needed to contribute to the delivery of a shared vision.

The biggest challenge was felt to have been around sustaining an impetus for change and making things happen on the ground. Stakeholders believed that there was a need for processes to be reviewed to ensure that they facilitated change that would enable the priorities identified in the JSNA to be addressed.

Added value of the JSNA

The main impact to date had been the more integrated working in specific areas. For example, the local authority and the police now worked much more closely when responding to issues around domestic violence. However, it was emphasised that such changes could not be attributed solely to the JSNA.

Advice to others

Interviewees representing Cambridgeshire gave the following advice to other local areas:

- Ensure that structures are simple and focused.
- Concentrate on a small number of priorities and ensure those are followed through and implemented.
- Keep the priorities focused on what is working in the community and concentrate on meeting the individual needs of families and other groups rather than on more generic issues.
- Use the JSNA as a reviewing tool, focusing on identifying the needs of client groups, and using these to build a county-wide picture while at the same time addressing the needs of individual communities to avoid a one size fits all approach.

5.3 Lancashire County Council

Context	Lancashire County Council is situated in the north-west of England and has urban, rural and coastal areas. It is the fourth largest council in England. It is Conservative controlled and has around 280,000 people between 0 to 19.
Children's Trust arrangements	The Children's Trust Board has decided to close its existing five 'Every Child Matters' theme groups.
CYPP status	The Children's and Young People's Plan (CYPP) has been retained and the latest covers the period 2011 – 2014.
Health and Wellbeing Board	The Shadow Health and Wellbeing Board is still in its infancy.
Strengths	Shared vision and ownership – Transforming Service Delivery and strong partnerships; two jointly funded posts (children's services and PCT); data evidence base; learning culture, children's voice.
Areas of challenge	Health structure; competing demands; conflicts of interest; constantly changing workforce; increasing workloads.
Priorities	Infant mortality, healthy weight; oral health; teenage pregnancy; substance misuse including alcohol and tobacco; young people's mental health and learning disabilities, and wellbeing across all ages; working with families.
For further information about the LA's approach please contact:	Richard Cooke Children & Young People's Trust Manager richard.cooke@lancashire.gov.uk

In October 2011, the Children's Trust Board agreed proposals to close its existing five 'Every Child Matters' theme groups and replace it with four Priority Groups. The context for this decision was to enable alignment with changing government policy and direction; the significant reduction in capacity and resource across the organisations; and a commitment to continue to work collaboratively across the Children's Trust partnership¹⁴ through a shared vision of Transforming Service Delivery. To support this decision, Lancashire has kept its CYPP in order to provide the overarching strategic direction for the work of the Children's Trust.

The CYPP, which runs to 2014, has been informed by a wealth of data, through the county-wide and district Strategic Joint Needs Analysis (JSNA), and other consultations including with 3500 children and

young people. To reflect the eight priorities within the CYPP, the Children's Trust Board decided to close their five Theme Groups and replace them with four new Priority Groups: Health and Wellbeing, Contribute and Engage, Aspire and Achieve, and Safe from Harm¹⁵. It is intended that the Health and Wellbeing Priority Group will, in time, act as a sub group of the Children's Trust and the Health and Wellbeing Board. It will ensure that the children's agenda is well represented and championed within future Health and Wellbeing Board arrangements. In addition, Lancashire has a Children's Trust manager whose role is to promote and enable joint working across all aspects of the partnership. All partners are signed up to agreements for sharing information at all levels and governance procedures are currently being written for the Clinical Commissioning Groups (CCGs) and Health and Wellbeing Board.

¹⁴ Lancashire County Council (2011). Delivering the Children and Young People's Plan – Four Priority Groups. Letter from Helen Denton, 19 October, 2011.

¹⁵ Lancashire County Council (2011). Delivering the Children and Young People's Plan – Four Priority Groups. Letter from Helen Denton, 19 October, 2011, Appendix One.

The Joint Commissioning Unit is evolving its structure, form and function. The unit includes two jointly funded commissioning posts through the PCT and Lancashire County Council for North and East Lancashire. These posts are creating better links between the council and health, help to break down barriers and unite the different cultures. The extended group will contain a wider group of partners who have the budget responsibility and the ability to lead on workforce reform. This will allow Lancashire to have a wider impact moving forward. Lancashire's current approach to commissioning is at three levels: the family/individual, group/locality, population/strategic with each of these having an impact on the others. Safeguarding is evident in all stages of the commissioning cycle through joint understanding, joint planning and delivery, and joint review.¹⁶

Key players

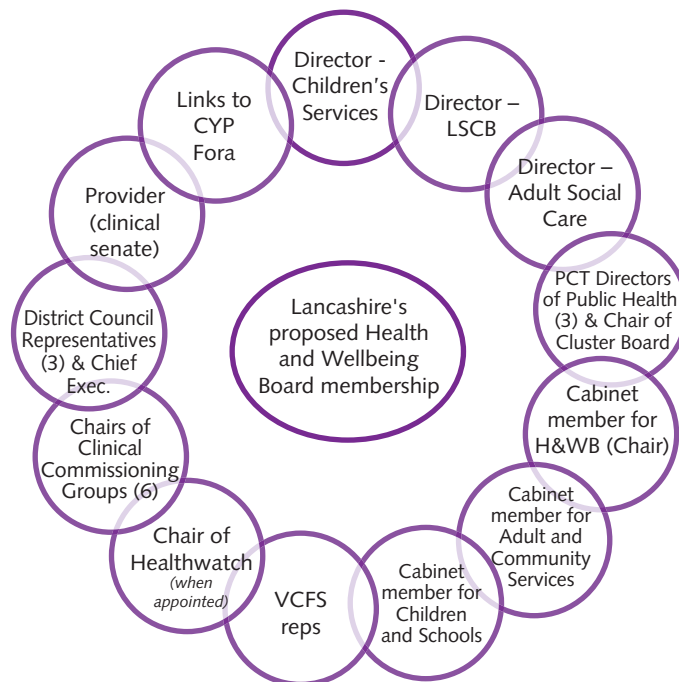
There is a strong sense of matrix working in Lancashire with overlapping membership between the various bodies. The key players sitting on the Shadow Health and Wellbeing Board are outlined below.

The relationship between the Children's Trust, the Health and Wellbeing Board¹⁷ and the six CCGs and how these bodies operate is still being thought through in order to avoid duplication of process. The Shadow Health and Wellbeing Board has met once and is chaired by the (interim) Director for Public Health. The Children's Trust Board is also looking to refresh its health representation and will in future include one of the Chairs of the CCGs. GPs are talking to and engaging in the process, and conversations are starting to take place about the local Healthwatch,

which will include the voice of children and young people.

How is the approach working in practice?

A number of different mechanisms support the Children's Trust to continue to thrive. These include a significant investment across the partnership in its vision for Transforming Service Delivery. The agreed principles for this are to develop work and practice to support: shared locations, shared information, shared pathways, shared ownership and shared commissioning and delivery¹⁸. The authority is evolving structures and processes as it learns through experience and is confident that the outcomes from the Ofsted safeguarding inspection in 2012 will reflect the strong partnership working and commitment to achieving the best possible outcomes for children and young people. The authority wants to ensure all partners see children and young people's needs as a shared responsibility through its collaborative working approaches.



16 Lancashire County Council (June 2011). Commissioning Cycle Flowchart.

17 The statutory members of a Health and Wellbeing Board are given in Figure 3.1 on p.7.

18 Lancashire County Council (December 2011). Lancashire Children and Young People's Trust. Continuum of Need for Working with Children and Young People and their Families.

While Lancashire acknowledges the health reforms are very challenging, there is a concern that the commitment to improving children's health outcomes has been fragmented with the new Health and Social Care Bill¹⁹. Specific challenges include the complexity of a changing workforce; less resource; increasing workloads and competing demands on time; and conflicts of interest in terms of changed responsibilities in the changing health and wellbeing landscape, for example, school nursing moving to local authority control in April 2013. Lancashire sees its continuing Children and Young People's Trust as playing a key role in ensuring that the importance of improving health outcomes for children and young people remains a key focus for all partners. This is reflected in the Trust's Workforce Strategy, with one of the six priorities being to 'Maximise the opportunities provided by the Health Reforms'.

Advice to others

The added value of collaboration is a key element of Lancashire's continued success in driving forward its Children's Trust framework and commitment to children's health and wellbeing. Interviewees representing Lancashire gave the following advice to other local areas:

- Ensure all senior partners are on board at the beginning, signed up and build on the strengths of partnership.
- Communicate clearly where you are and where you want to be.
- Build respect between partners and a commitment to quality of care.
- Champion integrated/joint commissioning as the way forward to reducing health inequalities and narrowing the gap around health and wellbeing outcomes.
- Raise awareness of what health and wellbeing means for society.
- Ensure appropriate governance arrangements are in place from the outset.
- Understand and develop your workforce.

¹⁹ At the time the research was conducted, the Health and Social Care Bill had not yet received royal assent.

5.4 Milton Keynes Council

Context	The Borough of Milton Keynes is a unitary authority at the northern tip of the south-east England region. There is a population of 64,200 0 to 19 year olds. The authority has no overall political control.
Children's Trust arrangements	The council has established a new Children's and Families Partnership and was one of the first councils to review its Children's Trust arrangements.
CYPP status	The Children and Young People's Plan (CYPP) is no longer produced. The last CYPP was 2009 – 2011.
Health and Wellbeing Board	The Shadow Health and Wellbeing Board has been established and has had its first meeting.
Strengths	A shared vision and commitment to the new Partnership from all partners including the community and voluntary sector. Robust, professional relationships between the key agencies with 'built-in' accountability through the Children and Families Partnership.
Areas of challenge	The turbulence and complexity of the health economy.
Priorities	Infant mortality, healthy weight; oral health; teenage pregnancy; substance misuse including alcohol and tobacco; young people's mental health and learning disabilities, and wellbeing across all ages; working with families.
For further information about the LA's approach please contact:	Gail Tolley, Corporate Director Children and Families gail.tolley@milton-keynes.gov.uk

What is the approach?

In December 2008, Ofsted judged the performance of children's services in Milton Keynes as 'inadequate'. With the appointment of a new Director of Children's Services in 2009, a major re-focus and transformation took place and Children's Services were judged adequate in 2009, then good in 2010 and 2011. The changes included the development of the Children's Trust into a new Children and Families Partnership in 2011. The partnership is a 'strong, strategic champion for children, young people and their families'²⁰, taking advantage of the new legislation, freedoms and flexibility whilst reinforcing the 'duty to cooperate' for all partners. Since 2009, progress has been made with structure (for example, the five sub-boards based around the five 'Every Child Matters' outcomes have been removed with task and finish commissions established as and when required) and a set of Terms of Reference produced. Through a shared vision and a shared commitment for continuous improvement in services and delivery,

the ambition is now to be outstanding at all levels to improve outcomes for children and young people.

Membership of the Children's and Families Partnership includes schools, education providers, the Primary Care Trust (PCT), the hospital, providers of community health, community and voluntary sector and representatives from the young people's cabinet. The Chairs of the Children and Families Partnership and Local Children's Safeguarding Board (LCSB) both sit on the reciprocal Board and there is a written protocol between these two bodies. The CYPP has been discontinued, as each partner has its own plans and priorities; each partner takes it in turn to outline their priorities and plans throughout the year. The needs of children and young people are represented in the new, developing Joint Strategic Needs Analysis (JSNA), but it is the emerging strategy that will be the important driver in the future. At a financial level, pooled budgets (Section 75) have not been developed, because each partner commits resource and shares priorities. The Local Strategic Partnership has been dissolved.

²⁰ Milton Keynes Council (2011). The Milton Keynes Children and Families Partnership. Vision and Principles.

Key players

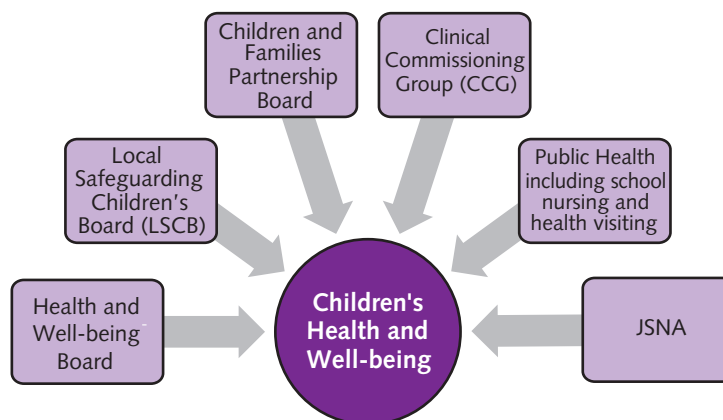
Within the Shadow Health and Wellbeing Board there is overlapping membership between the various bodies responsible for children's health and wellbeing which ensures consistent messages regarding the children's agenda and the key players involved in this are shown to the right. The Clinical Commissioning Group (CCG) is only at a very early stage but it is hoped a representative from the CCG involving GPs will sit on the Children's and Families Partnership as they increase their responsibilities for commissioning services.

Membership²¹ of the Shadow Health and Wellbeing Board²² is shown in the diagram alongside. Other colleagues are by invitation only as needed. These might include service providers; expert witnesses; NHS Commissioning Board; and other public sector services such as police and probation.

The work of the Children and Families Partnership Board will be aligned with the emerging Health and Wellbeing Board. A framework for a Joint Health and Wellbeing Strategy is currently being developed and will cover adult and children's services.

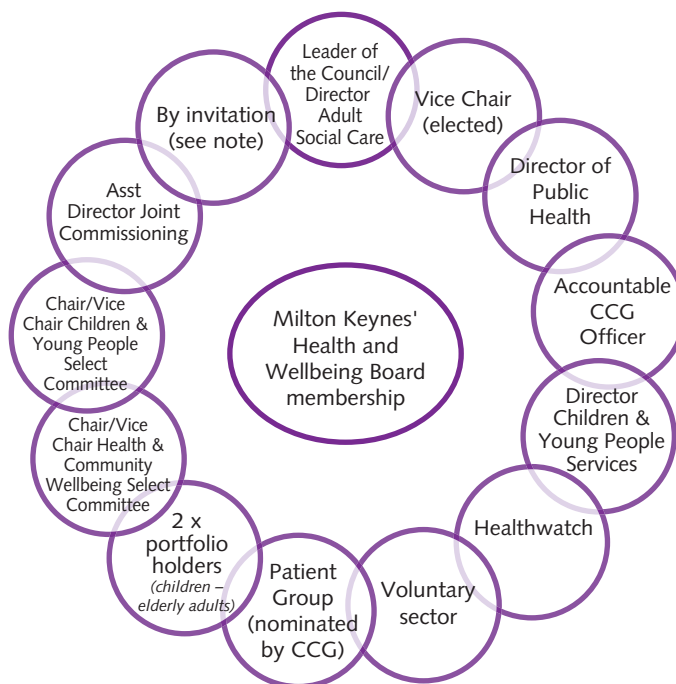
How is the approach working in practice?

The distinctiveness of the Milton Keynes approach is innovation, leadership and maximising opportunity, for example, taking advantage of changing legislation to create change. In addition, the generally coterminous relationships between health, local government and the police have created a shared identity and robust relationships that have stood the test of challenge, particularly in more



austere times. These established networks and shared values have further underpinned the development of the Shadow Health and Wellbeing Board. The arrangements will support Milton Keynes' vision that children are equally important in the planning of future public health care. The new JSNA for Milton Keynes will be used more strongly than in the past and will drive the planning and commissioning process.

There are two main challenges facing Milton Keynes. Firstly, understanding the complexity of the emerging health economy and other changes that have been/are being experienced, such as the PCT cluster being moved to be part of the East Midlands region.



21 The statutory members of a Health and Wellbeing Board are given in Figure 3.1 on p.7.

22 Milton Keynes Council (2011). Milton Keynes Shadow Health and Wellbeing Board. Terms of Reference.

Secondly, the potential for marginalisation of children issues in the context of the emerging health agenda, which makes it important to emphasise the role that children and young people play in society and to ensure that 'the voice of the child' is heard.

Most of Milton Keynes' health and wellbeing programmes have clear outcome measures. While some common indicators are in use, it is thought that these will benefit from the public health framework. The focus has been on social care and attainment measures, but this is shifting as the authority and partners are finding a strong correlation between child poverty, ill health and children and young people's outcomes.

Advice to others

Strong leadership, mutual trust, commitment and accountability have all been identified as key elements of Milton Keynes' arrangements for its new Children and Families Partnership and for ensuring children and young people's health and wellbeing. Interviewees representing Milton Keynes gave the following advice:

- Ensure a framework is in place for focused partnership working because this is what makes the difference.
- Simplify your infrastructure as much as possible.
- Coterminality helps.
- Build respect and trust between individuals; make sure that challenge is part of this.
- Work to foster the child's environment and to ensure health and wellbeing is seen as a value for society.

5.5 London Borough of Sutton

Context	This outer-London Borough is under Liberal Democrat political control. It has a population of around 194,000 of whom 20 per cent are children and young people.
Children's Trust arrangements	Sutton has renamed its Children's Trust the Sutton Children's Trust Board
CYPP status	The Children and Young People's Plan (CYPP) has been revised significantly and will be reviewed in late 2012 – 13.
Health and Wellbeing Board	A Shadow Health and Wellbeing Board is establishing its structures and has agreed its terms of reference.
Strengths	The strength of the partnerships between the local authority and other stakeholders, including the voluntary sector.
Areas of challenge	The need to ensure that the health and wellbeing of children and young people remains a priority and to keep schools engaged with this agenda, along with financial pressures.
Priorities	Prevention and early intervention; supporting independent living; better targeting of services to those at risk; and strengthening partnership working.
For further information about the LA's approach please contact:	Stephen Richards, Joint Acting Strategic Director, stephen.richards@sutton.gov.uk

What is the approach?

Sutton has renamed its Children's Trust the Sutton Children's Trust Board. It is considered to be an effective forum that has helped to foster partnerships and strengthen relationships between stakeholders including statutory providers and with the voluntary sector. Its effectiveness is underpinned by a strong political buy-in to the notion of a Children's Trust.

The Children's Trust acts as a forum for ideas and is a means of coordinating the work relating to children and young people that is undertaken by the different stakeholders. It has been instrumental in addressing issues identified in the Joint Strategic Needs Assessment (JSNA). For example, the JSNA highlighted issues concerning safeguarding and the needs of groups such as looked-after children (LAC), traveller communities and minority ethnic groups. These matters have been discussed by the Children's Trust and it is providing the impetus for work to address those issues.

Attendance at the Children's Trust is good, although there is a high turnover of attendees because

organisations are able to send deputies to meetings. This is designed to ensure that relevant organisations are represented and continuity is achieved through the production of detailed minutes.

Within Sutton, the Children and Young People's Plan (CYPP) has been revised radically with the aim of streamlining the format of the previous plan, which was lengthy, and sought to focus on all priorities relating to children and young people. It has been replaced by a more concise plan which focuses on a much smaller number of priorities (20), in areas such as the needs of LAC, disability and safeguarding.

A Shadow Health and Wellbeing Board has been established. At the time of the research it did not delegate powers, so responsibility for the functions exercised by its members remained with their own organisations, an arrangement which will continue until the full implementation in April 2013. The Shadow Health and Wellbeing Board is chaired by the Leader of the Council and includes two Executive Members, the Leader of the Opposition, the Chief Executive and other senior officers and representatives of the Sutton GP Consortia, the Children's Trust and the Local Healthwatch/LINKs.

Key players

In addition to the Children’s Trust and the Health and Wellbeing Board, the following bodies support children and young people’s health and well being agenda: the Sutton Local Strategic Partnership (LSP), the One Sutton Board, the Local Safeguarding Children’s Board (LSCB), and the Multi-Agency Safeguarding Hub (MASH)²³. These fora provide a means by which the local authority has been able to strengthen its contact with the health services and voluntary sector. The implementation of the local authority’s duties concerning public health will be influenced by further changes such as the establishment of a Clinical Commissioning Group (CCG) and by the enhanced role that it is intended that the voluntary sector will play in the delivery of services.



Priorities for the Health and Wellbeing Board include early intervention, supporting independent living, better targeting of services to those at risk and strengthening partnership working. The Health and Wellbeing Board will, therefore, ensure that commissioning arrangements are robust and accord with identified local priorities as identified by the JSNA. At the same time, it will promote the local Healthwatch and encourage public engagement with it.

How is the approach working in practice?

Many of the Health and Wellbeing Board members, including the Assistant Director for Children’s Services and the Executive Member for Children, Families and Youth and Executive Member for Education and Schools also serve on other partnership boards’ for example, the LSCB. This means that there is continuity in membership across the bodies enabling members to build on their experience of collaboration. Strong relationships have been established with the LSCB which is able to nominate items for discussion at each Health and Wellbeing Board meeting. However, there is a strong feeling that some stakeholders have more experience of working together than others and that two very different cultures are coming together when the local authority works with health colleagues. The Health and Wellbeing Board, therefore, needs to be a means by which further collaboration will evolve.

Thus far the Health and Wellbeing Board’s work has focused mainly on developing the infrastructure to promote the health and wellbeing of children and young people as part of its broader responsibilities for public health. This includes the need to develop common indicators and a means of pooling resources, which are not in place at present. The Board will also need to promote early intervention and it will have a key role in quality assurance through rigorous internal monitoring and inspection.

The financial pressures on the public sector mean that Sutton is looking to maximise the use of resources. Partner organisations are working together to identify more effective and efficient working. Not all challenges facing Sutton relate to finance. There is concern to ensure that children and young people’s

23 The statutory members of a Health and Wellbeing Board are given in Figure 3.1 on p.7.

health and wellbeing are recognised adequately by CCGs and, for example, adult social care, when future priorities are being determined. The Health and Wellbeing Board will need to ensure that priorities are addressed when services are being commissioned. It will also need to develop a relationship with academies and free schools to retain the focus on health and wellbeing issues.

Advice to others

Interviewees representing the London Borough of Sutton gave the following advice to other local areas:

- Focus strongly on ensuring that the needs of children and young people remain priorities for the new bodies responsible for public health and wellbeing.

- Ensure a regular flow of information among key partners.
- Build relationships on the ground and nurture an understanding of how different bodies' responsibilities will interrelate.

Ensure that key partners have the confidence to progress towards joint commissioning and the use of common indicators.

Promote the notion of early intervention and a preventative approach and recognise it as a priority when allocating resources.

5.6 Rotherham Metropolitan Borough Council

Context	Located in Yorkshire and Humber, this metropolitan borough is under Labour political control. It has a 0 to 19 population of around 63,000.
Children's Trust arrangements	The Children's Trust has been renamed the Children, Young People and Family Partnership Board.
CYPP status	The current Children and Young People's Plan (CYPP) is in existence until 2013 and will continue in the future.
Health and Wellbeing Board	The Health and Wellbeing Board has been established. It is still in its infancy but good progress is being made.
Strengths	The relationship between the local authority, health and partners.
Areas of challenge	Budget cuts and clarifying payment-by-results practice.
Priorities	Key stage 2 attainment, migrant populations, teenage pregnancy, domestic abuse and child obesity.
For further information about the LA's approach please contact:	Joyce Thacker, Strategic Director for Children and Young People's Services (joyce.thacker@rotherham.gov.uk)

What is the approach?

Over recent years the Children's Trust Board (now renamed the Children, Young People and Family Partnership Board) has developed considerably and improved its focus on children and young people with all its partners. The resulting growth in strength, improvements to planning, excellent collaborative working arrangements and more business-like focus has led the Board's members to remain committed to this way of working to ensure they fulfil their duty around children and young people's health and wellbeing. New committees, Boards and working groups (for example, the 'Think Family Strategic Group') are being established to ensure all partners fulfil their commitment. The Think Family Board, for example, will focus on early intervention and inequality for children. It will also feed into the Adult's Partnership Board.

The structure of the Children, Young People and Family Partnership Board has changed slightly over recent months. For example, some schools initially stood down from the Partnership but have since asked to rejoin. For some schools, a peer review in

October 2011 highlighted the real importance of partnership working at a strategic level. The commitment amongst key partners, such as schools, health, police and the third sector remains strong in the local authority.

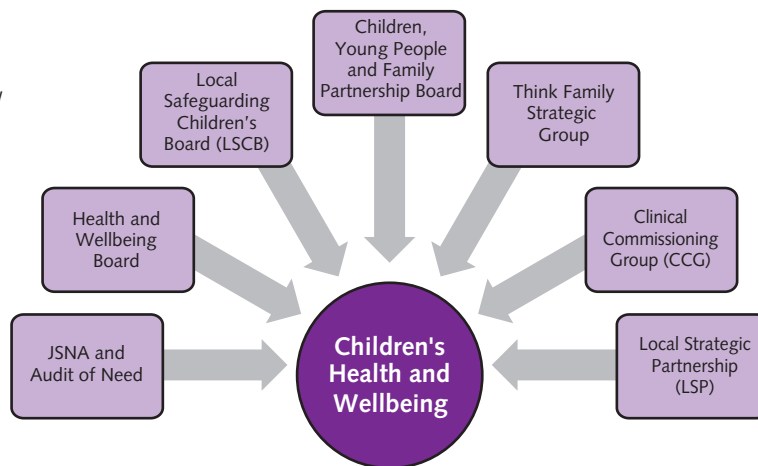
The local authority's current CYPP is in place until 2013. Plans are afoot to continue to develop a Plan post-2013, as partners view it as a good reference document, which clearly outlines the needs, priorities and desired outcomes for local children. The previous CYPP was based on a thorough children's audit of need and JSNA. Future CYPPs are likely to be more similar to a 'commissioning plan' based on evidence collected by different partners through the JSNA and in consultation with service users. The JSNA will provide the 'headline' figures around children's needs and the CYPP and commissioning plan will provide the supporting detail, for example, around how the local authority, Health and Wellbeing Board and partners will tackle obesity in young children.

24 The statutory members of a Health and Wellbeing Board are given in Figure 3.1 on p.7.

Key players

Despite the flexibility in the duty to cooperate, the local authority and its partners share a strong commitment and consensus to the children's health and wellbeing agenda through the Health and Wellbeing Board²⁴ and Children, Young People and Family Partnership Board. There is overlap in terms of the organisations represented on these boards including representatives from the local authority and health. There is agreement that the JSNA needs a firmer focus on the needs of children and young people, for example, and that drug and alcohol misuse in families and by young people needs to improve. This is why the local authority is supplementing the JSNA with additional evidence from future CYPPs.

A number of committees and boards in Rotherham are driving forward the health and wellbeing agenda at a strategic and ground level. Some of the key players are outlined below. Subcommittees and other groups also exist.



understanding, vision and to enhance relationships. Furthermore, having the same people in senior positions across different bodies (for example, Chair of the LSCB, the Strategic Director for Children and Young People, Elected Members and a General Practitioner, for example) has helped ensure that the children's agenda remains a priority across different Board memberships. Moreover, the relationship with schools has reportedly improved, with a stronger commitment from all schools to support key stage 2 achievement across the borough. Narrowing the gap is one of the key priorities for the Health and

How is the approach working in practice

Several mechanisms have supported the changes in Rotherham. These include relationship management, strong partnership working and leadership. Building relationships between colleagues within different organisations, communicating and acknowledging different views and working through these together have helped to develop a shared way forward. Action learning sets²⁵ within the local authority and with partners have helped to foster shared



²⁵ Action learning sets are a learning tool to support groups of stakeholders (or 'sets') to work together to problem-solve issues and challenges. Action learning sets take place over several months whereby groups come together at various stages in the process to implement and refine their thinking.

Wellbeing Board in Rotherham. The forthcoming commissioning plans are also seen as a positive step to promoting the duty to cooperate for children's health and wellbeing.

Despite the progress that Rotherham is making, certain challenges surrounding the agenda remain. These relate to the uncertainty and confusion with the public health agenda, in particular the role of the CCGs, and the current funding situation. In relation to the former, more needs to be done to develop clear commissioning arrangements and lines of accountability. Rotherham also acknowledges that the role of the local Healthwatch and third sector representation on the health and wellbeing agenda needs further thought and planning. It is early days, however.

Delivering on the duty around children and young people's health and wellbeing is particularly challenging against the backdrop of reduced funding within Children's Services and the drive to 'do more for less'. Rotherham also identifies the uncertainty around Payments by Results within the local authority and health as an issue that needs greater clarification from Whitehall and development locally.

It is too early to discuss the impact of new arrangements on practices, service provision and outcomes. That said, developments to date have helped encourage and enable colleagues from different organisations who may not normally sit around a table together to talk and plan collectively. Colleagues in the local authority feel that the potential future impact of this should not be underestimated.

Advice to others

Interviewees representing Rotherham gave the following advice to other local areas:

- Ensure strong leadership and management politically within the Council and in partner organisations individually and collectively.
- Aim for senior leader representatives to attend Board meetings to enable decisions to be made quickly, taken back to their organisation and disseminated down.
- Ensure that the focus of the Health and Wellbeing Board is clear, appropriate and does not get distracted by relevant local developments that are being addressed and developed through other bodies or groups. To this end, terms of reference, although continuously developing, need to be tightly focused.
- Develop a shared commitment, principles, priorities and vision of early intervention and prevention to protect children and enhance their development.
- Ensure that children and young people's needs are embedded in the JSNA and commissioning plans rather than seen as an add-on.

5.7 West Sussex County Council

Context	West Sussex County Council is a Conservative-controlled authority in south-east England. Around 146,000 children live in the county.
Children's Trust arrangements	The Children's Trust membership has been reviewed and its structure will be examined as part of a broader assessment of working arrangements in the county.
CYPP status	The CYPP is a long-term plan that is regularly monitored.
Health and Wellbeing Board	West Sussex has appointed a Shadow Health and Wellbeing Board which is developing the structures and working relationships that will underpin collaboration in future.
Strengths	The positive relationships which already exist between key stakeholders and recognition of the need to examine and monitor structures to ensure they are fit for purpose.
Areas of challenge	The need to ensure that new ways of working do not duplicate and replicate what is already happening.
Priorities	Tackling issues around obesity; alcohol abuse; unsafe behaviour and bullying; and supporting children living in low income households, and vulnerable children, including those in public care and children with complex needs.
For further information about the LA's approach please contact:	Aaron Gain, Programme Director / Principal Manager for Children's Commissioning Aaron.Gain@westsussex.gov.uk

What is the approach?

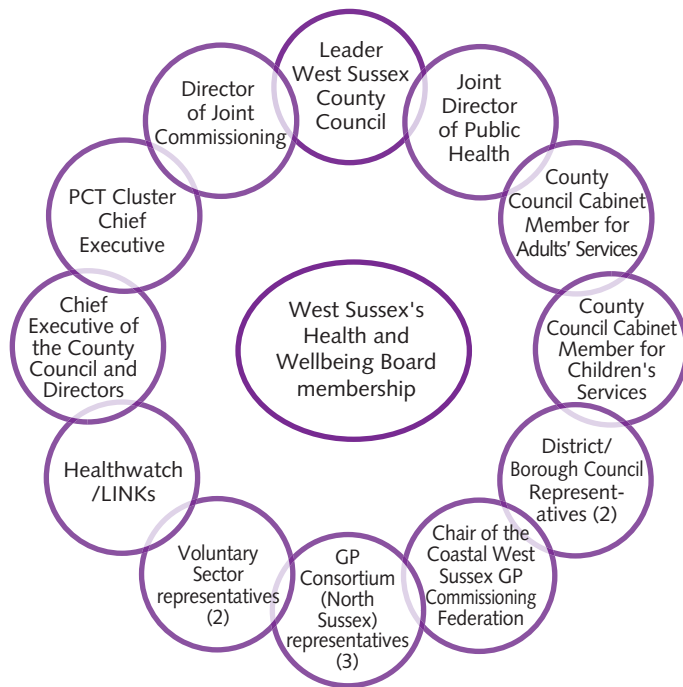
One of the tasks allocated to the Shadow Health and Wellbeing Board is to examine all structures to ensure they are fit for purpose. The Shadow Health and Wellbeing Board includes both County and District Council representatives, although it is predominantly composed of those from the County Council. Health and Wellbeing Board members from outside local government include the Primary Care Trust (PCT), (with separate GP members). The Children's Trust is a means of providing strategic direction for services for children and young people in the county whilst the Children and Young People's Plan (CYPP) outlines the overall strategy for those services and its work is being carried forward through regular monitoring.

The focus for the future will be to enable the Health and Wellbeing Board to build on the history of

partnership working between the NHS and local government in West Sussex, evident in the close collaboration between the PCT and the County Council. This has already extended to joint appointments at senior level and the decision to establish a Joint Commissioning Unit (JCU) which is responsible for work in areas such as meeting the needs of people with learning disabilities, addressing the needs of those with mental health issues and commissioning treatment and support facilities for those with issues with drugs and alcohol. It is intended that the Health and Wellbeing Board will develop this work and extend it further. For example, it is envisaged that the Health and Wellbeing Board will use joint commissioning as a method to deliver aspects of Children's Services and that this will lead to improvements to the quality of delivery and the services available to users.

Key players

West Sussex recognises the importance of linking the Health and Wellbeing Board²⁶ to existing partnerships and avoiding duplication. The Health and Wellbeing Board is expected to work effectively with the Children’s Trust and with Wellbeing Partnerships in each District Council area. There is considerable overlap in terms of the organisations represented on the Shadow Health and Wellbeing Board and Children’s Trust although the latter includes a broader range of organisations, such as the police, schools, the further education (FE) sector, and Job Centre Plus.



The Joint Strategic Needs Assessment (JSNA) has been produced through a collaborative effort on the part of the County Council and NHS West Sussex. The focus of the work has been to examine the county’s needs under the headings of health inequalities, promoting healthy living, children and young people, working age: employment and health, later life: causes of ill health and mortality, and healthy and sustainable communities. An initial baseline undertaken in 2008 has been updated, progress is monitored and changing needs have been identified. However, it is emphasised that the JSNA is not seen as a single document by West Sussex, but a combination of evidence and work being done to address needs within the county.

How is the approach working in practice?

Previous JSNA evidence indicated that the overall situation in West Sussex was positive, but that there were significant, and increasing, differences within the county. This was a central theme highlighted by the review of the 2008 JSNA undertaken in 2010. The JSNA noted that the number of elderly residents and those living with a long-term disabling condition

had increased and that this required an appropriate response from public service providers in terms of future plans and decisions about how resources would be used. At the same time, however, key messages were included about the health and wellbeing of children and young people. These included concerns about obesity, alcohol abuse, unsafe behaviour and bullying. The number of children living in low income households had increased and the JSNA highlighted the needs of vulnerable children, those in public care and children with complex needs. In response, the authority is examining specific issues such as whether those children have the skills they need when they leave care.

The terms of reference set for the Shadow Health and Wellbeing Board comprise a total of 14 items which include taking responsibility for the structural changes required to facilitate the full implementation of the new way of working. It is specifically charged with the task of reviewing the extent to which services are integrated and to promote further partnerships. One way in which it is planned that it will do this is by reviewing the strategic priorities of all relevant organisations, including those outlined by the JSNA, and by examining services that are

26 The statutory members of a Health and Wellbeing Board are given in Figure 3.1 on p.7.

commissioned in the light of its own assessment of need. At the same time, the Shadow Health and Wellbeing Board is to develop ways of monitoring work in the area of health and wellbeing by establishing the local Healthwatch and by holding the local authority and NHS partners to account through scrutiny arrangements.

Stakeholders in West Sussex emphasise that the work of developing a Health and Wellbeing Board is in its early stages. They are not aware of any particular difficulties around the development of effective partnerships and emphasise that they are moving forward on the basis of trust, a history of collaboration and good communication between different organisations. They insist that the needs of children and young people need to remain at the heart of discussions about future services and ways of working.

It is considered too early to come to any firm conclusions about the impact of the Health and Wellbeing Board and the broader reforms being initiated to the structures and ways of working. These will become apparent after the Shadow Health and Wellbeing Board has concluded its work and as the new structures develop.

Advice to others

Interviewees representing West Sussex gave the following advice to other local areas:

- Review structures and partnerships to ensure they are required, effective and as streamlined as possible.
- Develop a positive relationship with all partners, especially the voluntary sector, and recognise its potential to work with the local authority to deliver services.

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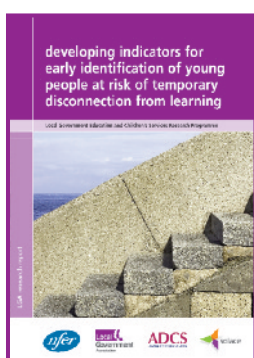
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This scoping study investigates indicators for early identification of young people at risk of temporary disconnection from learning. Based on discussions with staff from seven local authorities and three schools it explores how young people at risk of temporary disconnection from learning are currently being identified, whether it is possible to differentiate between young people who are likely to become temporarily disconnected from learning and those who might become more sustained long-term NEETs and whether there is a need for indicators.

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At a time of enormous change within local government and public health, this report summarises seven local authorities' approaches to their children's trust arrangements and how they are fulfilling their duty to promote co-operation with partners to improve children and young people's health and wellbeing. It presents the views of local authority senior officers, councillors and public health leaders on:

- local authorities and partners' approaches to children's health and wellbeing
- partnership arrangements
- developing a shared vision: needs analyses, priorities and plans
- benefits and challenges of the new approaches
- advice to other local authorities and partners.