

## **Update on Health and Wellbeing Boards and the Children's Trust arrangements in Oxfordshire.**

### **Introduction:**

The aim of this paper is twofold:

- To update members on arrangements for the new Shadow Health and Wellbeing Board
- To examine the challenges and opportunities for children's partnership working post children's trusts.

### **Background:**

In 2006 Oxfordshire established the first Children and Young People's Trust under the legislation in the Children Act 2004. Over the next few years the Children and Young People's Trust developed into a multi-agency strategic partnership that had oversight of all the major developments in children's services across Oxfordshire. It developed strong and robust involvement mechanisms through 'Sounding Boards' and had a formal protocol for working with the Oxfordshire Safeguarding Children Board.

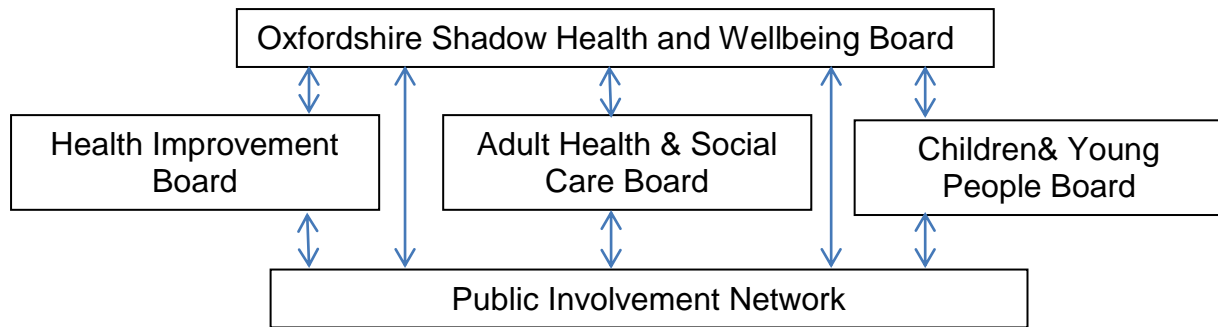
In 2010 the coalition government announced that it would be retracting the legislation that made local children's trusts a statutory body, along with the legislative requirement for a local Children and Young People's Plan. It was proposed that in future, local authorities could decide locally what arrangements best suited their local needs.

Following discussion at the Children and Young People's Trust and at this Scrutiny Committee (July 2010), it was agreed that the current arrangements for a children's trust should continue unless and until alternative suitable arrangements were in place.

In fact the last Children and Young People's meeting was held in September 2011 and following a workshop in January 2012, a new Children and Young People's Partnership Board was established and held the first meeting in February.

### **Shadow Health and Wellbeing Board:**

The Shadow Health and Wellbeing Board was established in November 2011. This is the overarching partnership Board established under the new Health and Social Care Act (2012). It will become a full Board and sub-committee of the Council from April 2013. As part of the arrangements the HWB Board has set up three working partnership boards – Adult Health and Social Care, Children and Young People, Health Improvement. The Chair and Vice Chair of each partnership board sits on the Health and Wellbeing Board.



The priorities of the HWB Board are informed by the Joint Strategic Needs Assessment (JSNA) which has been updated and a summary report will be available soon. A full revision of the JSNA will be undertaken during 2012-13 to ensure that as much information as possible is available from all partners and can be used by everyone.

Each partnership board has met and agreed priorities for the year ahead. These priorities were discussed at the Health and Wellbeing Board in March 2012 and, with some amendments to the original proposals, will form the basis of the draft Joint Health and Wellbeing Strategy. Consultation on this draft strategy is currently being planned and will take place in May-June 2012.

#### 1. Adult Health and Social Care

- Integration of Health and Social Care
- Support older people to live independently with dignity by reducing the need for care and support
- Adults with long-term conditions, physical or learning disability or mental health problems living independently and achieving their full potential

#### 2. Children and Young People

- Keeping all children and young people safe
- Raising achievement for all children and young people
- Narrowing the gap for our most disadvantaged and vulnerable groups
- All children have a healthy start in life and stay healthy into adulthood.

#### 3. Health Improvement

- Preventing early death and improving quality of life in later years
- Preventing chronic disease through tackling obesity
- Tackling the broader determinants of health through better housing
- Preventing infectious disease through immunisation

The priorities for Children and Young People have been based on Year 3 of the Children and Young People's Plan and have been updated and expanded to identify the key areas for action. In particular there is now a new key priority around health, ensuring a healthy start and also healthy transition into adulthood. In 2012-13 the focus for this priority is going to be on mental health transitions,

The Public Involvement Network underpins all the partnership boards and will be managed by a steering group that will ensure that all parts of the H&WB can ask for views to inform their discussions and also hear from members of the public and advocacy groups on matters of concern. The Public Involvement Network (PIN) will

underpin the work of the H&WB by sharing opinion and views from a wide range of people. The PIN will be a transitional arrangement pending the setup of local Healthwatch. Subject to further guidance, which is expected from the Department of Health, Local Health Watch (LHW) will be set up by 2013. LHW will be an independent organisation that will support the right of all citizens (including children and young people) to social care and health care and to monitor the quality of that care. The Chairman of LHW will be a member of the H&WB.

In summary, the new Health and Wellbeing Board arrangements replace all the previous Children's Trust arrangements including the Area Trust Boards. Accountability of local authorities will come through their overview and scrutiny function and through local HealthWatch. Health and Wellbeing Boards in their entirety will be accountable to communities, service users and overview and scrutiny committees.

### **Function of the Children and Young People's Partnership Board**

The Terms of Reference for each partnership board were agreed at the March 2012 meeting. For the Children and Young People's Partnership Board the main responsibilities are to:

- To demonstrate effective partnership working across Oxfordshire to meet peoples' health and social care needs and to achieve effective use of resources
- To deliver the priorities and objectives arising from the Joint Health and Wellbeing Needs Assessment (JSNA) for Oxfordshire, in particular to:
  - Contribute to the overall joint strategy and make specific recommendations on the key outcomes for children and young people in Oxfordshire and as they move into adulthood.
  - Report on the delivery of joint existing key performance targets for children and young people for the NHS and County Council
  - Be responsible for holding the Joint Management Group (JMG) to account in relation to Children and Adolescent Mental Health Services (CAMHS) and comment on the joint governance of pooled budgets for children
  - Contribute to the development of pooled budgets where they will enable delivery of key outcomes
- To meet the performance measures agreed by the Health and Wellbeing Board.

The performance measures for 2012/13 are outlined in appendix 1.

### **Challenges post children's trusts**

The Health and Social Care Act places Local Authorities at the centre of partnership working in a local area. This is the first time there has been a single statutory board, responsible for joining up the work of the Council and NHS. It gives the opportunity to bring the key strategic leaders and local politicians around the table to discuss big

strategic priorities for different client groups. The new focus on 'health and wellbeing' will be driven through the Health Improvement Board with leadership from the District Councils and with the mandate to address the cross-cutting public health issues – for example housing. The agenda is potentially huge and therefore it has been important to identify the eleven key priorities that the partnership boards will deliver during 2012/13. Four of these priorities relate to specifically to children and young people.

There is more work to do on ensuring that wider partners e.g. voluntary sector organisations, can engage with the new arrangements. This is currently expected to take place through the wider Public Involvement Network. The Children and Young People's Board will be meeting in public three times per year but will also host three partnership 'workshops' to engage wider stakeholders in the core business of the partnership board. It is worth noting that unlike the Children's Trust the new Children and Young People's Partnership Board is not a statutory body. Only the Health and Wellbeing Board is statutory.

It is clear that the Health and Wellbeing Strategy will replace the current Children and Young People's Plan (CYPP) when it finishes in 2013. Based on the JSNA, the Health and Wellbeing Strategy will identify key priorities but will not cover the depth and breadth of areas covered by the CYPP. However, the Children and Young People's Board will still be responsible for keeping an overview of all the outcomes for children, young people and families. In order to manage this, a Performance Dashboard will be developed covering the twenty or more Key Performance Indicators (KPIs) that will enable members to understand and challenge how the system as a whole is performing. For the first time this dashboard will now include key NHS data around hospital admissions and mental health services.

In summary the new Health and Wellbeing Board will be responsible for monitoring the delivery of the key strategic priorities, identified in the Health and Wellbeing Strategy. The Children and Young People's Partnership Board will be responsible for making sure these priorities are delivered and will also be responsible for keeping an overview of the wider set of performance indicators that will demonstrate how the whole system is working together to improve outcomes.

## Appendix 1

### **Keeping all children and young people safe**

- No more than 15% of children who become subject to a child protection plan have previously had a plan
- A regular pattern of quality assurance audits undertaken in the following agencies and reviewed through the Oxfordshire Safeguarding Childrens Board: children's social care; children and adult health services; early intervention; police. Over 50% of interventions showing good or above overall impact in all agencies' audit reports

### **Raising achievement for all children and young people**

- 63% (3900) of young people achieve 5 GCSEs at A\*-C including English and maths
- 80% (4880) of children achieve Level 4 or above in English and maths at the end of Key Stage 2
- 76% (5000) children achieve Level 2b or above in reading at the end of Key Stage 1
- Reduce the number of young people not in education, employment or training to 5.5% (950)
- 88% (204) primary schools and 86% (28) secondary schools with be judged by Ofsted to be good or outstanding

### **Narrowing the gap for our most disadvantaged and vulnerable groups**

- A sustainable decrease in the teenage conception rate<sup>1</sup>
- Targets as required in the new Department of Communities and Local Government framework when published

### **Having a healthy start in life and staying healthy into adulthood**

- Reduce the number of young people admitted to hospital for episodes of self-harm by 5% year on year. This means reducing by approximately 10 young people every year
- Reduce the number of young children admitted to hospital with infections by 10% year on year. This means reducing emergency admissions from approximately 3100 to 2890 children
- Review and redesign transition services for young people with mental health problems. This would mean there would be a new service in place from 1<sup>st</sup> April 2013

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<sup>1</sup> Further work needed on understand how the HWB Board can measure progress when data is released with a 14 month delay.