

## OVERVIEW AND SCRUTINY BOARD

A meeting of the Overview and Scrutiny Board was held on 13 January 2011.

**PRESENT:** Councillor Brunton (Chair), Councillors Cole, McPartland (as substitute for Councillor Dryden), Ismail, Kerr, Khan, Purvis and J A Walker.

**OFFICERS:** J Bennington, R Broad, J Ord and G Rollings.

**\*\* PRESENT BY INVITATION:** Councillor Carr, Executive Member for Children, Families and Learning.  
C McEwan, Assistant Director of Commissioning and Strategies, NHS Tees.

**\*\* APOLOGIES FOR ABSENCE** were submitted on behalf of Councillors Dryden, C Hobson, J Hobson, Mawston, Sanderson and Williams.

### **\*\* DECLARATIONS OF INTERESTS**

No declarations of interests were made at this point of the meeting.

## CHILDREN'S TRUST PROGRESS REPORT

In a report of the Scrutiny Support Officer the Board was reminded that during 2009/2010 an Ad Hoc Scrutiny Panel had been established to investigate the progress and impact of the Middlesbrough Children and Young People's Trust. A subsequent Final Report had been published in May 2010 an Executive Summary of which was provided in the Appendices to the report submitted.

The Executive Director of Children, Families and Learning presented a report, which outlined the key areas of progress following the publication of the Final Report and recent announcements by the Secretary of State for Education.

The Board was advised that a robust analysis of the available data and intelligence had been carried out resulting in the production of a comprehensive children and young people needs assessment which had been acknowledged by partners as an excellent piece of work, a copy of which was provided at Appendix 1 to the report submitted.

The needs assessment had been used to inform the Joint Strategic Needs Assessment and a number of services had used such material to support the preparation of funding bids and to inform their service planning activity. It was noted that the needs assessment had also been used to inform the Trust's priorities for the Children and Young People's Plan 2011/2014.

Reference was made to ongoing work on the development of more robust performance management arrangements which included a performance management framework to provide the basis for monitoring progress against the Trust's agreed priorities. Specific reference was made to adopting the approach of task and finish groups as reflected in the scrutiny Final Report.

Confirmation was given of the progress made in developing the relationship between Middlesbrough Safeguarding Children Board and Middlesbrough Children and Young People's Trust Board (MCYPT). A protocol had been developed which clearly defined the roles and relationship including accountability.

In pursuance of the MCYPT's acknowledgement of the importance of early intervention and prevention and that the Common Assessment Framework (CAF) was a key part of such an agenda the MCYPT Board had formally agreed to support the development of CAF as the single universal assessment of children and young people's needs in Middlesbrough. It was confirmed that further work on the integration of front line services and CAF would be undertaken in 2011.

The MCYPT had been considering the future operation of Trust arrangements in the light of the recent announcement by the Secretary of State for Education that having a Trust would no

longer be a legislative requirement. The Trust's Board at a meeting held on 17 December 2010 had unanimously supported the continuation of a Children's Trust in some form acknowledging that the basic statutory 'duty to co-operate' would remain in place for those partners named in the Children Act 2004 although the current governance and infrastructure arrangements were being reviewed and the subject of ongoing discussions. The Trust Board's preferred option was to work towards a model that built on the current arrangements for Middlesbrough Learning Partnership and proposals for a 'Learning Collaborative' which would place schools firmly within the MCYPT arrangements recognising their role as key commissioners of children's services. Following further consultation it was expected that the newly reconfigured arrangements would be formalised in April/May 2011.

The Board's attention was drawn to the MCYPT priorities for the next 12 to 18 months.

The removal of the statutory guidance for the Children and Young People's Plan (CYPP) had created an opportunity to develop a much more locally based plan that was not heavily influenced by national priorities as in previous years. The MCYPT through the Every Child Matters Thematic Groups had identified a number of key overarching themes that would form the basis of the next CYPP focussing on Attainment, Child Poverty, Safeguarding, Health and Emotional Well-Being, and Risk Resilience. Further work was currently being undertaken to distil the overarching themes into key strategic outcomes applying the outcome based accountability model.

Other priorities for the MCYPT would be to formalise and embed any agreed new structures for the operation and governance of the Trust including the links with the proposed Health and Wellbeing Board. It would also focus on how it would work effectively with GPs and any commissioning consortia as well as the further development of robust performance management arrangements.

The Board was advised of ongoing discussions on the changes and impact of the Department of Health's White Paper, Liberating the NHS and forthcoming announcement on Early Intervention.

In terms of GP commissioning it was indicated that there were parallels between the work which MCYPT was undertaking with schools and proposals for GP commissioning although it was noted that consideration was at an early stage.

Although the MCYPT had not formally considered the implications of any local arrangements relating to the establishment of Health and Wellbeing Boards there were concerns over how effectively the needs of children and young people would be addressed in the wider health and wellbeing agenda for the local population. It was confirmed that the MCYPT was keen to work with the Authority and health partners to ensure that any proposals included how the Trust could support/operate alongside Health and Wellbeing Boards.

It was hoped that the Health Bill would provide some clarity on the relationship between children's trusts and health and wellbeing boards and such arrangements would allow for some flexibility for effective relationships to be worked out locally.

The Board acknowledged the work undertaken in respect of the Children and Young People's Plan 2011/2014, which was considered to be a comprehensive and first class report.

It was noted that the Green Paper on special educational needs and disabilities was shortly to be published.

In commenting on the possible ramifications of the Government's Liberating the NHS: Legislative Framework and Next Steps it was pointed out that from the perspective of the PCT that whilst there was still a commitment for providing high quality services there was significant detail still awaited on the Government's proposals. An assurance was given of the PCT's commitment to partnership working and engagement with the Local Authority. In response to clarification sought from Members regarding the arrangements following the abolition of PCTs in 2013 reference was made to work which had commenced with the emerging GP Consortia which included an approach to the Pathfinder programme as a shadow GP Consortia. Whilst Members acknowledged that there might be a general awareness there was a concern that given that the

main focus for GPs was their clinical role there might in some cases be a lack of in depth knowledge around the wider public health determinants. Reference was made to the proposed Health and Well-Being Boards and recognition of the need for clarification as to how such groups could support and operate alongside the Trust.

Specific reference was made to other recommendations set out in the Final Report and subsequent Action Plan. It was confirmed that the Executive Director of Children, Families and Learning attended meetings with the Interim Chief Executive of NHS Tees and PCT Board meetings. The ongoing work in respect of the development of a performance management framework; continued efforts to raise the profile of the Children's Trust influence wider debate on children's wellbeing; and where appropriate pursuing an integrated approach to improve outcomes for children and young people was noted.

**ORDERED** as follows: -

1. That the representatives be thanked for the information provided.
2. That a further progress report be submitted in six month's time.