

Reshaping Cambridgeshire Children's Trust Arrangements**Summary of feedback**

In February 2012, the Local Authority issued proposals to reshape Cambridgeshire's Children's Trust arrangements.

The proposals were sent to the following stakeholders and groups for their comments:

- Children's Trust Board members
- Members of the Trust Planning and Commissioning Group
- Chief Executives of partner organisations, including NHS Cambridgeshire, Cambridgeshire Community Services, District Councils, the Voluntary and Community Sector and Cambridgeshire Constabulary
- The shadow Health and Well Being Board
- The Local Safeguarding Children Board
- Children and Young People's Overview and Scrutiny Committee

During the consultation period, responses were received from a wide range of stakeholders and we would like to take this opportunity to thank all those who have responded.

The purpose of this document is to formally respond to the main issues and themes emerging from the feedback

Overview of responses

In general, responses to the proposals were positive, with the majority respondents recognising the need to strengthen the function of the Trust, streamline existing arrangements and build the relationship between the Health and Wellbeing Board and the Children's Trust.

A number of specific comments were received in relation to particular elements of the proposals. These have been grouped under 2 broad themes:

- Role of the trust and areas for focus
- Membership and representation

Responses to the queries and issues raised are provided in each of these sections.

ROLE OF TRUST AND AREAS FOR FOCUS

The proposed role and function of the Trust were supported, with several respondents emphasising the importance of the Children's Trust in leading on

strategic direction for improving outcomes and championing the children's agenda.

A number of queries and suggestions were received in relation to the areas of focus for the Trust and the relationship with the Health and Wellbeing Board, which are set out below.

General feedback

One respondent suggested that the new Trust will need to continue to flex and that it would be beneficial to have some points of reflection built in.

Response

It is recognised that the reshaped Trust will need to be flexible and have opportunities to reflect at key points to ensure arrangements are effective and having the desired impact on outcomes for children, young people and families. Opportunities for reflection will be built into the forward plan for the Trust.

Areas of focus

A number of issues and suggestions were raised in relation to the priorities and areas of focus for the Trust, as follows:

- A request was made for clarity about what areas the Trust is going to focus on
- It was suggested that the annual needs assessment and subsequent priority setting exercise needs to pay full regard to:
 - Identified areas of greatest need across Cambridgeshire, based on evidence
 - Demographic changes within Cambridgeshire in the children's population, on the basis that whilst the data is well recognised, this is an area where system wide planning could develop further.
 - Links between poor outcomes in education and health and disadvantage

Response

One of the first tasks for the Trust will be to review all available needs analysis and evidence relating to children, young people and families and consider priorities. This will determine the areas of focus for the Trust. The issues of demographic change and the link between poor outcomes in education and health and disadvantage will be explored as part of this process.

Relationship between Health and Wellbeing Board and the Children's Trust

The aim to achieve greater alignment between the work of the Trust and Health and Wellbeing Board was welcomed.

There were, however, some queries and issues raised in relation to the relationship between the Health and Wellbeing Board and the Children's Trust:

- It was suggested that the description provided of the roles of the Health and Wellbeing Board and Children's Trust Board was unclear and made it appear that they have the same functions.
- The notion of annual planning and commissioning cycle was recognised as sound. However, it was highlighted that this will only be effective if all partner agencies align their processes with the HWBB and this may be a challenge to achieve.

Response

The role of the Health and Wellbeing Board is to promote the health and wellbeing of Cambridgeshire's communities. Its remit is far broader than the Children's Trust, as it covers health and wellbeing issues for the whole population of Cambridgeshire, of which children and young people are only a part. In addition to the statutory basis of the Children's Trust, there is considered great benefit in retaining a distinct strategic partnership for children, as it will maintain the profile of children's issues amongst the competing priorities that the Health and Wellbeing Board will have to consider.

It is envisaged that the Children's Trust will set the strategic direction for improving outcomes for children and young people across Cambridgeshire, championing the children's agenda and providing expertise in relation to children's services. The Health and Wellbeing Board will be able to draw upon the work of the Trust to inform the development of strategic priorities for children. It is intended that the work of the two partnerships will be complimentary, rather than duplicative. The Children's Trust will respond to and deliver on strategic commissioning intentions developed by the Health and Wellbeing Board.

For this arrangement to work effectively, the need to develop a strong working relationship between these two partnerships is paramount. The proposal regarding reshaping the Children's Trust has been discussed with the Health and Wellbeing Board, who were supportive of the proposal. The Children's Trust has aligned its planning and commissioning cycle with the Health and Wellbeing Board in order to facilitate this relationship.

In respect of the aspiration to align the planning and budget setting processes of individual agencies with the planning process for the Health and Well Being Board, it is recognised that there will be considerable challenges. Discussions will need to take place with the Trust to consider whether this is fully achievable.

MEMBERSHIP AND REPRESENTATION

In general, the proposed membership of the revised Board was supported, with the majority of responses recognising that current arrangements need to be streamlined to ensure the Trust is focussed and effective.

The challenge of trying to develop a smaller, more focussed model for the Trust, while ensuring all relevant partners are able to engage was widely recognised.

A number of specific issues and suggestions were raised in relation the representation, which are set out below.

VCS representation

One respondent expressed concern about the small representation of the voluntary sector in the new arrangements.

Response

The number of VCS representatives is considered to be in proportion with the overall reduction in membership. There will be two VCS representatives on the new Trust Board: one from Young Lives, the infrastructure organisation for the VCS in Cambridgeshire and one from an operational organisation. Young Lives, as the infrastructure organisation will ensure that the voice of the VCS is represented at Board level.

Elected Member representation

Concerns were expressed about the reduction in Elected Members in the proposed membership arrangements. In relation to this, it was suggested that the new structure would limit the amount and quality of challenge the Board would face.

The need to ensure political buy-in from all the District Councils was highlighted. In relation to this, it was suggested by several parties that a District Councillor should be a member of the Trust, in addition to the County Council Member proposed. One District Council suggested that there would be benefit in creating a District Council member group whose Chairman would take the seat on the Trust, on the basis that this would promote more effective engagement with each of the Districts. However, one respondent did highlight the challenges in one District Member representing the views of all 5.

Response

In response to comments received, it is proposed that the Board includes two Elected Members: one from the County Council and one from a District Council.

A wider group of Elected Members will be invited to participate in an annual conference, which will look at priorities for the year ahead.

The Children's Trust Board is not intended to replace the democratic decision making processes of member organisations and nor could it do so. The Trust's Strategic Plan, which will stem out of the priority setting process, will be taken through the Council's democratic processes, as will any other significant decisions relating to the Trust.

It is worth noting that the Children's Trust Board is only one part of the Children's Trust Network. The three Area Children and Young People's Partnerships, which are part of the Children's Trust network, include Elected Members.

District Council representation

One response queried whether the proposed District Council representative would be an officer or an elected member.

Response

It was initially intended that the representative would be an officer. However, as a result of feedback received regarding Elected Member engagement (see section above), there will be two District Council representatives: one officer and one Elected Member.

Police and Crime Commissioner

One respondent asked for consideration of how the new Police and Crime Commissioner could be involved in the partnership arrangements of the Children's Trust and Health and Wellbeing Board.

Response

This point is noted. Police membership arrangements will need to be subject to review, given the advent of the Police and Crime Commissioner role.

NHS Cambridgeshire and Clinical Commissioning Group representation

In relation to the membership of NHS organisations, it had been suggested by one party that the Clinical Commissioning Group could also represent the Primary care Trust (PCT), on the basis that CCG would in time replace the PCT. However, a subsequent letter from NHS Cambridgeshire has asked that membership of NHS organisations be carefully considered to ensure representation from current and future commissioners. Specifically, it has

been requested that there is representation from the PCT, whilst it continues to exist and representation from the local arm of the NHS Commissioning Board once it is established, on the basis that some children's services will be commissioned by them.

Response

These points are noted. The benefits of having representatives from both the PCT and CCG during the period of transition are recognised. In the longer term, we will aim to ensure that we have the right representatives from the future commissioning groups as they evolve. Discussions will need to take place with the PCT about NHS representation.

School representation

One response commented that the proposed membership of the Board seemed education heavy and lighter on the social care and health side. In relation to this, it was suggested that education input could perhaps be sought through the area partnerships.

Response

Schools and settings are a significant stakeholder and whilst they are represented on each of the Area Partnerships, it is felt important that they are also represented at Board level.

The education sector is broad and diverse, which poses considerable challenges in terms of representation. For this reason, it was felt important to include each of the different phases (early years and childcare, primary, secondary, special and further education and sixth form) in the membership of the Board.

In terms of social care representation, key health bodies and County Council Children's Services are all represented on the Board, or as an Associate Member.

Further Education and Sixth Form College representation

It was suggested that membership could be shared between members of the Cambridgeshire FE Principals' group on the basis that this sector is diverse and this arrangement would allow a broader view to be brought to the Trust.

Response

The benefits of sharing membership between members of Cambridgeshire FE Principals' group are recognised. Discussions will need to take place with the Cambridgeshire FE Principals' group to agree how this will work.

Participation of children, young people and families

One respondent asked for clarity to be provided on how children young people and their families can input effectively into the work the Trust and how the proposals will link with specific vulnerable groups, such as children with learning disabilities.

Response

We are highly committed to ensuring that children, young people and families are able to participate and influence the work of the Trust and in establishing revised arrangements consideration will be given to how this can be achieved in a meaningful way.