

Expression of Interest

26 March 2003

A Children's Trust for Brighton and Hove

Submitted on behalf of Brighton & Hove City Council and Brighton & Hove Primary Care Trust

1 Background

1.1 In April 2002, Brighton & Hove City Council brought together its education and children's social care functions into a single directorate for Children, Families and Schools, responsible for the education and welfare of all 52,000 children, young people aged 0-19 and their families in the city. The new service has five key objectives:

- 1.1.1** High achieving, inclusive schools and learning
- 1.1.2** Keeping children safe and thriving.
- 1.1.3** Developing integrated services where these are shown to be effective.
- 1.1.4** Delivering services in partnership with young people and their communities.
- 1.1.5** Building an effective workforce.

A leaflet setting out these five objectives is appended to this expression of interest.

1.2 April 2002 also saw the introduction of a range of Section 31 agreements between the City Council, the PCT and Southdowns Health NHS Trust in respect of adult social services, which involve the establishment of pooled budgets, joint commissioning arrangements, and delegated management of services to Southdowns Health.

1.3 In parallel to this, a wider review of the health economy in south and central Sussex is currently underway. This review is intended to result in a revised strategy for the provision of health services in the city and its immediate environs, to be agreed with the Strategic Health Authority, the three local NHS Trusts and key local stakeholders.

1.4 There have for some years been close working relationships locally between the Council and the Health sector on children's services, and the local Children's and Young People's Strategic Partnership is well established. This has recently been strengthened by the establishment of a Chief Officer Group chaired by the Council's Chief Executive to oversee the work of the partnership. There is also a well established Area Child Protection Committee. A review is currently underway in the light of the recommendations set out by Lord Laming in the Victoria Climbié enquiry, which will bring together the CYPSP and the ACPC into a single overall structure.

1.5 In 2001 an interagency Best Value Review of Children's services was undertaken, the outcome of which was a series of action plans aimed at bringing greater integration to individual service areas, using Section 31 arrangements as appropriate. The areas targeted in the action plans are:

1.5.1 Improving the efficiency and effectiveness of service delivery by integrating services, commissioning, budgets and sharing information, across the agencies and of exploiting the potential for using NHS Act 1999 Section 31 flexibilities.

1.5.2 Achieving sustainability in securing better outcomes for children and young people within a finite budget, by more effective partnerships including family support and preventative action

1.5.3 Reducing budget pressures arising out of high cost services through more effective early intervention and prevention and by taking a whole systems approach to planning and risk assessment.

1.5.4 Achieving improved performance against statutory and local performance indicators.

1.6 Building on these foundations, it is now the intention of the City Council and the PCT to establish a Children's Trust, responsible initially for the joint commissioning of children's services throughout the city. To this end, a Children's Services Commissioner has been appointed, funded jointly by both partners, and line managed by the Director of Children, Families and Schools. The job description for the post is appended to this expression of interest.

1.7 An incremental approach to building the Children's Trust has been agreed between the partner organisations. Starting with the commissioning function, it is envisaged that there will be a three to five year programme to review all service areas listed in Paragraph 3.1 below, with a view to bringing them into the Trust via Section 31 arrangements as appropriate over that period of time.

2 Aims and Objectives

2.1 Long term vision

Our ultimate vision is for a single city-wide integrated service leading to better outcomes for children, young people and their families. This will potentially embrace all of the Council's own services, including schools,

all of the services provided by the NHS, and services provided in partnership with the Police, Probation, the voluntary sector and other agencies. Wherever possible, budgets for the commissioning of services will be pooled, and multi-disciplinary teams will be created with simple management structures, common protocols, shared databases, and a common strategic vision.

This fundamental vision underpins much of the multi-agency working which is already in existence within the city through programmes such as Sure Start, On Track, Connexions, Neighbourhood Renewal, the Children's Fund, as well as a growing number of specialist services, such as the YOT, the Young Person's Substance Misuse Service, the Teenage Pregnancy Service, the Clermont Child Protection Service, the McKeith Child Development Centre. Three recent service developments which are also central to this vision are the development of Extended Schools, for which Brighton & Hove is a pathfinder authority, the restructuring of family support services into four multi-agency area-based teams, and the forthcoming development of Children's Centres in the 20% most deprived wards and neighbourhoods.

2.2 Shared Objectives between the stakeholders

Our rationale for setting up a Children's Trust is that we believe that it is necessary to develop partnership working further, by moving into structural integration where appropriate and removing structural barriers which exist within the system.

Our intention therefore is to streamline the way we provide our services, by commissioning them through a Children's Trust, and then reviewing those services with a view to bringing about structural integration where appropriate. We anticipate that the advantages of such a move will include:

- A single management structure, with clear line accountability in each area of service;
- Multi-disciplinary working within a unified service;
- A single, pooled budget for each area of service;
- A single set of priorities for each area of service;
- A single service specification and single line commissioning;
- The potential to develop a single unified workforce, with single recruitment, staff development and training arrangements;
- Fewer meetings;
- More effective case management;
- A single referral and assessment framework (incorporating all the requirements of the Department of Health assessment framework for children in need);
- A common service identity enriched by the perceptions and contributions of a range of professional disciplines;

- A single set of governance and accounting arrangements.
- Better opportunities for young people and parents to engage with the decision-making processes, following the “Hear by Right” standards.

It is clear to us all that all our services need to be focussed on the needs of our client groups – children, young people and their families – rather than on traditional professional boundaries. We want to ensure that our services are available more readily and more directly to our clients, with greater co-ordination between the different professional groups involved. We also want to ensure that, by bringing children and young people more into focus in our thinking, we shall be able to put greater emphasis on developing a comprehensive preventative strategy, which will result in better long term outcomes.

2.3 Three-year plan of how the trust will develop

We envisage four broad phases in the development of the trust:

Phase 1 - establishment of Commissioning Strategy and generic commissioning arrangements.

Phase 2 - review of services, consultation and analysis of need, and specification of service requirements.

Phase 3 - establishment of services on an integrated basis, and migration of those services as appropriate into the trust.

Phase 4 - embedding the change process.

Phases 2, 3 and 4 relate to the service areas listed in Section 3.1 of this expression of interest. We intend to deal with each service area individually, and will proceed as fast as our management resources will allow. Our approach will be incremental - this means that different services will at any moment in time be at different phases of the process.

The processes involved in each of the four phases are as follows:

Phase 1 – Commissioning Strategy

Our starting point is the establishment of the trust as a commissioning body. The first task of the Children’s Commissioner will be to develop a comprehensive commissioning strategy for the city. This will include an agreed methodology for identifying needs and specifying services in each area of service, as well as identifying the total resource (including budget) available via the different partner agencies for that area of service.

Phase 2 – Review of Services

The commissioning strategy will underpin a review of each area of service in turn, also led by the Children’s Commissioner, with the option of bringing them into the Trust via Section 31 arrangements. Decisions will be taken in respect of each area of service individually about

whether the Trust will be responsible for providing it; the assumption is however that the Trust will be responsible for commissioning the whole range of services reviewed. The review of each area of service will build on existing data from the 2001 Best Value Review and other sources, including views of parents and young people, and will consult as necessary with service providers, clients and other stakeholders, including in the community and voluntary sector. Staff will be fully consulted as part of this process. A key piece of work will be to determine the total resource currently dedicated to that area of service, and to identify both gaps in provision, areas of duplication, and inappropriate demarcations of responsibility in existing arrangements. For example, in reviewing services for children with disabilities, it may become apparent that the role of the occupational therapist could be made to work more satisfactorily, or when reviewing mental health services, the various providers of counselling services could be brought together into a more coherent management structure.

Phase 3 – Integration/migration of services into the Trust

As soon as it is clear what changes are needed to a particular service area to enable it to function more effectively, agreement will be sought via the CYPSP Chief Officers Group to carry through these changes. This may mean re-establishing the service on an integrated basis, under the auspices of the trust. While each service area will be treated individually on its merits, and the trust will initially be a commissioning body only, there is a strong presumption among the partners that, where it makes sense to do so, the trust will also become a provider of services. The general arguments supporting this position are referred to in Section 2.2 of this expression of interest. It is not possible to be specific at this stage about which services will be reviewed first, nor how long the whole process will take. Two criteria will be used to determine the services to be reviewed first: these are the extent to which the service is already being delivered in an integrated way (ie is 'ready' for absorption into the Trust), and the extent to which the service is critical to the overall achievement of the Trust's long term objectives (such as family support). To a large extent the timescales will depend on lessons learned in the early stages, and on the resources available within the city, both managerially and in terms of legal and financial advice, to do the work required. Informally, the full process of review and migration of services is expected to take anything up to five years. This may be an over-estimate – previous experience of partnership working suggests that progress may be slow at first, but will gain momentum as the organisations involved gain confidence in the process.

Phase 4 – Embedding change

Current evidence from all three main sectors – education, social care and health – is that there is an increasing willingness at all levels to work together, and to consider service integration. In most of the service areas to be reviewed there is already a strong element of inter-

agency collaboration, and there has been a growth in recent years of multi-disciplinary team working. Local examples of this range from the Youth Offending team, the On Track project, the two Sure Starts, some of the Extended Schools work, Connexions, some specialist child protection services, a long standing project on the education of looked after children, multi-agency nursery provision for children with severe speech and language delay, and more recently the establishment of services for teen pregnancy, substance misuse and anti-bullying.

There is therefore already a wealth of experience of work in specific service areas crossing the boundaries of health, social care and education, and in some cases the police. The voluntary sector is heavily involved in the provision of some services.

All this gives a strong basis for taking forward three strands of work which will be crucial to embedding the changes which the children's trust implies.

The first strand is organisational – to ensure that the statutory partner bodies harmonise their planning and decision making processes in such a way as to make it easy for the trust to operate as the commissioner and deliverer of services. The local preventative strategy (including the IRT strategy) also demands such co-ordinated planning arrangements (and the preventative strategy itself will be under the aegis of the CYPSP, and thus linked in terms of accountability with the children's trust). By 2004/5 it is expected that barriers to the harmonisation of the planning processes will have been highlighted, and action set in hand to deal with these barriers for the following year.

The second strand relates to workforce development. What is envisaged in Brighton & Hove is a new workforce to match the new integrated service for children, young people and their families. To that end, the partners are discussing with the two universities of Sussex and Brighton, and also with Sussex Learning and Skills Council and the regional NHS Workforce Confederation, ways of reshaping both initial training and professional development opportunities to equip staff with the knowledge, understanding and skills to work successfully in the new service environment. By 2004/5 we expect to have made significant progress on this front. We will want to build children, young people's and family involvement and consultation into the drafting of job descriptions for staff in the service.

The third strand is to ensure that the people of Brighton & Hove start to recognise the new service for children, young people and their families as more than the sum of its constituent parts. To this end, we shall be using all the communication means at our disposal to 'brand' the service, and highlight the role of the children's trust in bringing it all together. This process will start as soon as the go-ahead is given for the pilot to proceed.

Summary

At this stage, therefore, a three to five year programme is envisaged in developing the trust. A rough timetable can be sketched out as follows:

- Before start (2002/3): Appointment of Children's Services Commissioner. Establishment of Chief Officers Group.
- Year 1 (2003/4): Establishment of commissioning strategy and commissioning arrangements.
Establishment of governance arrangements (including member committee)
Review of at least two service areas.
- Year 2: (2004/5) Review of at least five further service areas
Operational establishment under the trust as appropriate of the first batch of service areas reviewed.
- Years 3-5 (2005-8): Review of remaining areas
Operational establishment of those areas under the Trust (as appropriate).

2.4 The Trust's contribution to local strategies for the relevant service areas and the local strategy for children

The Trust will be the main vehicle through which the local children's strategy will be delivered. It will be a creature of the Children and Young People's Strategic Partnership, which owns the local preventative strategy and has oversight of all the service areas covered by the Trust. Its particular contribution in each area of service will be to bring a clear commissioning focus to that area, and the means whereby the service can be brought into a single management structure, in line with our objectives.

The establishment of a Children's Trust will help the local statutory and voluntary agencies to take forward a comprehensive preventative strategy for the city. It has been agreed that this strategy will be the operational responsibility of the Children's Services Commissioner and the Children and Young People's Strategic Partnership, working to the Chief Officers Group chaired by the Council's Chief Executive. The preventative strategy will bring together initiatives and services across a wide range of domains, most of which will either be commissioned or provided by the Trust. The commitment of all the partners to the

establishment of the Trust is a signal of their commitment to the preventative strategy, and their willingness to redirect resources to support the strategy as necessary.

The local Identification, Referral and Tracking (IRT) project will bring another important lever to bear on the challenging task of achieving practical inter-agency collaboration, including the establishment of a joint protocol on data sharing and the establishment of single case management, referral and assessment arrangements. These elements will be crucial to the operation of the Trust. An Invest to Save application has also been submitted to the Treasury, asking for support in establishing a comprehensive Children's Information System, to be developed in conjunction with the IRT project, and supporting the practical data management needs of the Trust.

2.5 Intended improvements and how they will be measured

The key improvement will be in the quality, immediacy and effectiveness of the services provided to children, young people and their families. We are seeking improvements in the following areas:

- Greater efficiency and cost effectiveness
- Faster assessments of need and provision of services
- More effective key worker arrangements
- Reduction in bureaucracy
- Greater customer focus in terms of listening to their needs and views about how the services should be delivered, and responding to those needs (this will include the adoption of the "Hear by Right" values and standards as integral to the development of services)
- Greater responsiveness to local communities
- More effective preventative strategy
- Better long term outcomes for children and young people

The improvements in these areas will be measured through a range of existing performance indicators, including costs of services, and customer surveys.

2.6 How the Trust will contribute to improved Performance Indicators, and to the Council's Comprehensive Performance Assessment.

The streamlining of management structures, the integration of services and the introduction of single line commissioning will improve a range of

throughput, quality and outcome indicators. Most importantly, the Children's Trust will be the catalyst for changing service culture, so that key Performance Indicators which were previously the domain of one part of the service will in future be owned by professionals across the service.

The four examples below illustrate some of the ways in which we expect to see gains. Each example draws on service developments which are already underway in Brighton & Hove, but which will be given extra focus and cross-agency ownership by the Trust.

- Speed of assessment of children and families in need.

The Council currently achieves around 45% of 7-day assessments and 75% of core 35-day assessments within the statutory time scale. The Children's Trust will bring together the systems and protocols which will enable a proportion of these assessments to be carried out by multi-disciplinary teams working within family support, thus relieving some of the pressure currently being experienced by frontline child protection teams. This should increase the proportion of statutory assessments carried out within the target time scales.

- Placement stability for looked after children.

The Council has a PSA target to reduce the proportion of LAC who experience three or more moves in a year to 11% of the total LAC population, a highly ambitious target. The Children's Trust will enable the key workers responsible for supporting children and young people in foster placements to call much more easily and much more swiftly on a range of support services. These include mental health services, housing services, out of school activities, behaviour support, family group conferencing, youth offending services, substance misuse services. The crucial difference from the current arrangements is that the key worker will be able to plan for and marshal co-ordinated support across a range of professional areas. Take for example, a 14 year old LAC who is having difficulty at school, is in danger of exclusion, and is at risk of placement breakdown because of the strain this is placing on the foster carers. Under the Trust, this young person would have immediate access to:

- a) a shared educational placement through the Alternative Centre for Education,
 - b) counselling through CAMHS,
 - c) a Connexions Personal Adviser,
 - d) intensive family support from the Family Resource Team.
- Depending on his or her other needs, the services of the Young Person's Substance Misuse Service, the Youth Offending Team or one of the other specialist teams can also be called on.

- Proportion of children with speech and language difficulties.

We would aim to reduce the proportion of children who enter school with poor speech and language skills. The recent experience both of Sure Start and of the Education Action Zone (which runs a Learn to Talk – Talk to Learn programme) has been extremely positive in supporting very young children in developing speech and language skills. The LEA's Speech and Language Support Service has been similarly successful since it was established in 1999, supporting children in mainstream schools. Nevertheless the local NHS Speech and Language Therapy Service is still experiencing a very heavy caseload, and there are substantial numbers of inappropriate referrals. Under the Children's Trust, these services would work together, so that:

- a) all very young children across the city would have access to the development programmes currently being used in the EAZ and Sure Starts,
- b) the education and health service roles in speech and language support work together as more of a continuum than as separate services, and would thus be better able to manage a shared caseload,
- c) other parts of the service (especially schools) would be clearer about how they operate and would thus be better able to use them effectively, and,
- d) more capacity would be built into the mainstream system through teachers and support assistants to provide effective ongoing speech and language support to children whose needs are primarily developmental.

▪ School attendance.

The Council has a PSA target to improve school attendance, concentrating on the relatively small number of schools where attendance is poor. Through the Trust this will be tackled at two levels. First, the work of the Education Welfare Service will be refocused so that it operates in a more multi-agency way, through locally based teams which will also include school inclusion co-ordinators, social workers, home-school liaison officers, Connexions PAs, youth workers, police officers and family support workers. The IRT project will support the sharing of information and will establish protocols for joint working with poor school attenders and their families. Secondly, and more fundamentally, the Trust will support the development of extended schools, including the creation of at least one full-service school in the city, so that more of the local health, social welfare, adult learning and community services are based in the school. The aim of extended schools is partly to provide more of a 'one-stop shop' approach to the provision of services, and partly to bring schools closer to the communities they serve. Part of our intention with extended schools is to offer a range of leisure, learning and social opportunities which will be attractive to a wide cross-section of the community, and will encourage both children and their parents to 'opt in' to the system, thus providing a

more solid basis for longer term improvements in the outcomes for young people.

These four examples are intended to illustrate some of the concrete ways in which we expect the establishment of a Children's Trust to facilitate the bringing together of services in a way which will improve outcomes for children and young people. Each example bears directly on one or more of our key performance indicators and thus contributes to the Council's CPA assessment. Other examples underway include the forthcoming re-provisioning of a joint NHS/Council Child Development Centre for children with disabilities (currently known as the McKeith Centre), the establishment of several children's centres in the more deprived wards of the city, and the establishment of multi-disciplinary "Connexions Teams" in our secondary schools. The Trust will provide the local organisational framework for this activity.

Our current CPA rating as a Council is 'Good', with Education being rated two-star and social services one star in the 2002 assessment. Recent inspection evidence (Ofsted 2000, SSI/Audit Commission Joint Review 2001, SSI Inspection of Child Protection Services 2003, forthcoming) has indicated the existence of well-established partnerships working between the different agencies, and good strategic leadership across the different services. At the same time, all inspections have pointed to the need for specific service improvements, including modernisation, and have highlighted the pressures facing a number of front line services. The establishment of a Children's Trust is intended to provide a more efficient operational framework for joining up front line services, and using resources to greater effect to secure better outcomes.

Further case study examples of the expected benefits of a Children's Trust are attached as an appendix to this expression of interest.

3 Services

3.1 The services the Children's Trust will commission and/or provide

It is intended that the Trust will, over time, commission some or all of the following services on behalf of the City Council and the PCT:

- Substance Misuse Services
- Youth Offending Services
- Specialist Services for Looked After Children
- Post-placement services for Fostering and Adoption
- Specialist Child Protection Services
- Teenage Pregnancy Services
- Services for children with disabilities
- Mental Health services
- Behaviour Support services (including the Alternative Centre for Education)
- Out of City placements
- Services for Young Carers
- Language/Communication services (including speech and language support and speech therapy)
- Support for Children and Families in Need (Family Support Services)
- Special Schools
- Special Educational support services
- School Nursing
- Education Welfare
- Educational Psychology
- Community Paediatrics
- Acute Paediatrics
- Neo-natal services
- Community Midwifery
- Health visiting
- Services for Asylum Seekers
- Connexions
- Early Years and Childcare Services, including Sure Start and Children's Centres

The Trust will also become the organisational vehicle for the provision of some of these services. Which services this will apply to will depend on the outcomes of the individual service reviews, the agreement of existing providers, and the extent to which other, non-local commissioning arrangements (e.g. for Connexions or the YOT) will allow. Some of these delivery arrangements will be governed by Section 31 agreements. In other cases the services will continue to be provided by existing providers, but commissioned by the Trust. In some cases (e.g. acute paediatric services) there will be important questions of clinical

governance to resolve before a particular service could be considered for inclusion in the Trust as a provider, as opposed to a commissioning basis.

In addition to the services listed above, there are a number of “arms length” services which support client participation. These include Coalition4Youth (general youth participation), the Children’s Rights Service (for looked after children and young people). Allsorts (gay and lesbian young people) and two parent groups – aMaze (parents of children with special needs) and Mosaic (for mixed race children and their parents’. Some of these groupings are currently located in the Council, and others in the voluntary sector. The voluntary sector has a particular role to play in providing a forum for a number of client groups, and will make an important contribution to the work of the Children’s Trust in this respect. This is in addition to voluntary sector organisations being commissioned by the Trust to deliver specific services.

If the Trust became the focus of children and young people's views, it could mean an opportunity to focus energies on working with one senior decision-making forum (instead of several) - efforts made to support and train decision-makers around engaging and involving young people may have a better chance of affecting positive change. Setting up the Trust provides an opportunity to do things differently and to look at making structural changes to how decisions are usually made, how meetings are usually run etc. which will be more inclusive of children and young people.

3.2 The Geographic area

The area covered by the Trust will be the whole of the city of Brighton and Hove. The PCT is co-terminous with the city boundary, as is the local Police division. Southdowns NHS Trust provides services mainly within the city, and there is also a single voluntary sector forum for Brighton & Hove. The University Hospitals Trust provides approximately half of its services to residents of Brighton & Hove.

3.3 The community or client group

The client group will be all 52,000 children and young people aged 0-19 within Brighton and Hove, and their families.

3.4 Why have the partner bodies chosen to provide these services to this client group?

All the partner bodies believe that the Unitary Authority area of Brighton & Hove is the ideal size for the planning and delivery of services on an economical basis. More local subdivisions are used for specific projects (eg On track, or Neighbourhood renewal), and all the partner agencies

use subdivisions of the city for planning services which are best delivered at locality level (such as schools, family support, community policing, health visiting, GPs). However, in terms of planning the strategic configuration of services and the deployment of resources, all the partner agencies aim to work on a city-wide basis.

3.5 Details of completed or planned consultation

The proposal to set up a children's trust has been discussed with the chief executive/lead officers of all the key partners involved. Letters of support are attached. The proposal has been endorsed by the following core partners:

- The Children, Families and Schools Committee of the City Council
- The Children and Young People's Strategic Partnership
- The Area Child Protection Committee
- Brighton & Hove PCT
- Southdowns Health NHS Trust Board
- Brighton and Sussex University Hospitals NHS Trust
- Sussex Police Brighton & Hove Division
- Sussex Probation Service
- Brighton University

In addition, the following partner organisations have been formally approached for their support:

- Brighton & Hove Voluntary Sector Forum
- 'Amaze' Parent partnership
- Coalition for Youth
- Young People's Forum (Children's Rights Service)
- Connexions Local Management Committee
- Brighton & Hove Headteachers Steering Group
- Brighton & Hove Governors Network
- Brighton & Hove Sure Start Partnership
- Brighton & Hove Early Years Development & Childcare Partnership
- Sussex University
- Local Strategic Partnership
- Sussex Learning and Skills Council
- Hollingdean Community Partnership
- Sussex Connexions Partnership
- EB4U (East Brighton New Deal for Communities)

Staff in core partner bodies are also being consulted on the proposal.

3.6 Mapping of current services and demand

An extensive mapping exercise was carried out as part of the 2001 Best Value Review of Children's Services. Much current work is being carried forward as a result of that review, including this expression of interest. The final report of the Best Value Review is appended for information.

3.7 Arrangements for dealing with transition and boundary issues with children and services not covered by the Children's Trust

Since the trust will cover the whole eligible population in the city as a whole, there will be no boundary issues so far as client group or area are concerned, apart from some specialist NHS services which are provided to the wider Sussex area. So far as services are concerned, any issues arising from the possibility of some services being provided through the trust and others not, will be dealt with as they arise on an individual basis, as part of our overall strategic planning mechanisms through the CYPSP.

There will be a number of transition issues with adult social care and health services, notably around leaving care services (including housing, training and employment), services to young people with disabilities, mental health services and substance misuse services. Existing arrangements (including a number of joint posts and protocols) will be reviewed on a service-by-service basis. There are regular meetings at a strategic level between the Council's Director of Children, Families and Schools and Director of Housing and City Support (who oversees adult social care services and holds the statutory DSS role).

4 Structural information

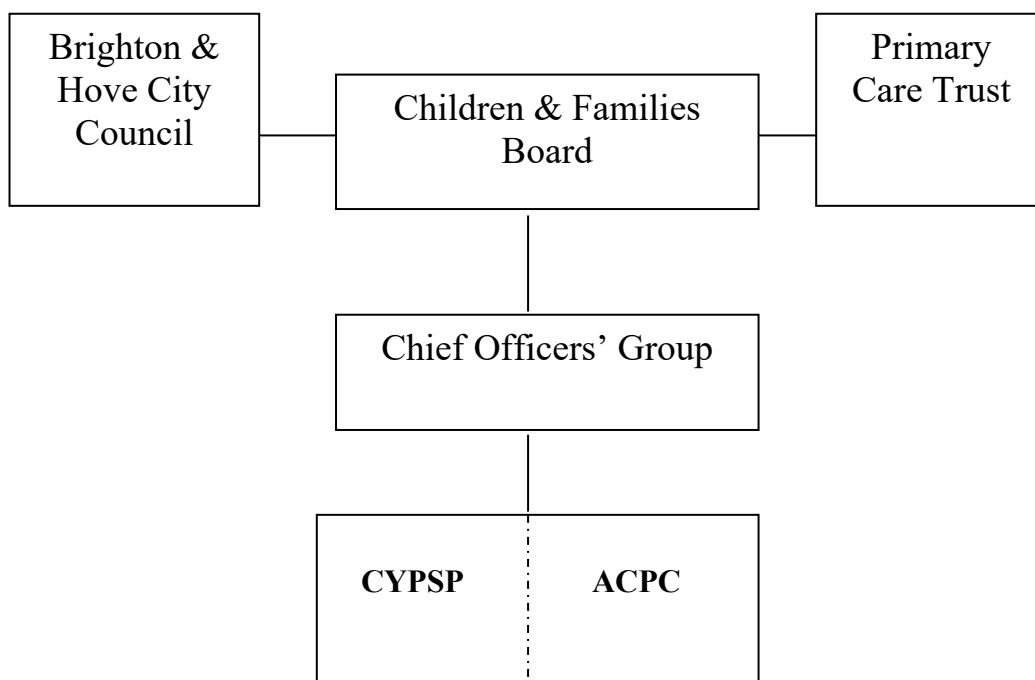
4.1 Proposed Governance arrangements

The trust will be governed at two levels, in line with the recommendations of the Laming report. There will be an overarching Children and families Committee, comprising elected councillors from the Children, Families and Schools Subcommittee, together with non-executive Board members of the PCT and the two provider NHS trusts, a representative of the Police Authority, representatives of the voluntary and community sector, and parent representatives. This committee will provide a strategic forum for the consideration of policy matters, and will have delegated authority for decision making as agreed by the responsible statutory bodies.

Beneath this committee will be a Chief Officers Group (COG) comprising the chief officers of the partner organisations, and chaired by the local authority chief executive. This Group, which is already in existence, will oversee the operation of the trust, and provide overall leadership to the Children and Young People's Strategic Partnership. The Children's Services Commissioner will provide regular reports to this Group.

The Children's and Young People's Strategic Partnership will be the main steering group for the Children's Trust. It will be chaired by the Children's Services Commissioner, and will comprise key officers and managers drawn from all the partner agencies, including the voluntary sector, together with representatives of the client groups. It will operate, as now, through a range of working groups responsible for different areas of activity. One of these will be dedicated to child protection issues, will carry the functions currently carried by the ACPC, and will be chaired by a chief officer.

The diagram below illustrates the proposed governance arrangements in simple terms:



4.2 Accountability arrangements

The Children's Trust will be accountable through the CYPSP, the COG and the Committee, to each of the statutory bodies. Each statutory body will have the right to intervene, via the committee or the COG, if at any time it has reason to believe that its statutory responsibilities are not being properly delivered.

The Trust will be ultimately accountable to the local people through the normal electoral processes. More immediately, there will be direct accountability through client representatives on the committee and the CYPSP, and the participation of young people in the design and delivery of services will be sought via Coalition4Youth and the Young People's Forum (which is an arm of the Children's Rights Service). It is planned to carry out periodic user satisfaction surveys as part of the Council's normal consultative arrangements.

In addition to this, all the statutory partner bodies are subject to a range of scrutiny arrangements, relating to the planning and discharge of their statutory functions. Scrutiny within the City Council is assured by a single Overview and Scrutiny Committee, and there are individual sector-based scrutiny panels for both health and education.

4.3 Proof of commitment from the partners

Letters of support are attached.

5 Practical issues

5.1 Evidence that the Section 31 agreement underpinning the Children's Trust will be ready by the proposed operational date of the Children's Trust

It is proposed to formally bring the trust into being on 1 September 2003. By that date, a Section 31 agreement between the city council and the PCT will be drawn up covering the commissioning function of the trust. Legal advisers for both parties are confident that this date can be achieved, building on experience already gained in operating Section 31 arrangements for aspects of Adult Social Care services since April 2002.

Subsequent Section 31 arrangements covering areas to be reviewed will be entered into as and when the reviews reach their conclusion. Because an incremental approach to the establishment of the trust is being taken, the partners are confident that this can be managed in a phased development.

As part of the preparation phase, a series of basic protocols will be put into place, covering a range of practical issues. These include:

- Financial procedures
- Personnel procedures
- Governance arrangements
- Procedures for handling complaints
- Arrangements for sharing management information

In most cases suitable protocols already exist within current partnership arrangements, and can be easily adapted to the Children's Trust context. The Council has built up considerable experience of such inter-agency arrangements over the past five years.

A medium-sized unitary authority such as Brighton and Hove benefits from having largely co-terminous boundaries, and a relatively small number of key players to set up collaborative arrangements. Both by experience and by inclination all the partners are well equipped to get a Children's Trust established with the minimum of fuss. At the same time, the relatively small size of each of the partner organisations means that any development of this kind needs to be taken in stages to avoid over-stretching management and resources, and to maintain strength in front line services. We are confident that, following the incremental approach outlined in this expression of interest, we can achieve our objective of establishing a Children's Trust within the resources available from the pilot funding.

5.2 Likely budget for the Children's Trust and its sources

The total value of the services listed in para 3.1 is estimated to be of the order of £40M. Detailed costs for each area of service will be ascertained as part of the work of service review and specification. The budget for the initial commissioning function is £160,000. This is made up of £100,000 shared equally between the City Council and the PCT to pay for the Children's Services Commissioner (including PA support and on-costs), and £60,000 from the government pump priming grant to pay for a project officer and the professional costs involved in the establishment of the trust.

An additional £40,000 of grant funding is requested to pay for an additional project officer to support the service review process.

5.3 Proposed timetable for setting up the children's trust

31 March 2003	Submission of expression of interest
April – June 2003	Full consultation with staff and partners
May–June 2003	Approval to proceed
June 2003	Children's Services Commissioner in post; identification of first batch of areas of service to be reviewed
	Update report to Government
July – August 2003	Establishment of member committee Preparation of Section 31 agreement on commissioning arrangements
September 2003	Go live

5.4 Contact Details for Key contact

Until the Children's Services Commissioner is appointed, the key contact will be David Hawker, Director of Children, Families and Schools, Brighton & Hove City Council (Kings House, Grand Avenue, Hove. BN3 2SU. Tel: 01273 293434, email david.hawker@brighton-hove.gov.uk)

5.5 Likely risks to the success of the pilot and plans to counter these

There are a number of risks. The most significant are these:

- Lack of political sign-up. This risk has already been addressed in terms of receiving agreement from the CFS committee on 3 March. The proposal to submit a bid received unanimous cross party support.
- Lack of commitment from partners. The PCT are fully committed to the establishment of the trust, as evidenced by the appointment of a joint

commissioner. So far as other partners are concerned letters of support have been received, indicating commitment in principle. The regular (and frequent) meetings of the CYPSP and the chief officers group are designed to enable all the partners to shape the design of the trust and its remit. These meetings will address any issues as they arise.

- Lack of staff commitment. This is being addressed by ensuring that the trust proposal is seen as part of a process of service integration which is already in train, and by emphasising the vision of a single service, which has met with widespread support among staff.
- Lack of capacity to project manage the trust. This will be addressed by the government grant, and also by the declared intention to take the service reviews step by step, as an incremental process. The timetable is flexible so that, if a particular review requires more work than estimated, this can be accommodated without straining capacity beyond the limit.
- Difference of perception and priority among the partners. This will be addressed through the early establishment of the proposed member committee to complement the chief officers group which is already in being. The harmonisation of the planning processes across the partner organisations will also address this risk.
- Shortage of resources for services. All the partner bodies are currently experiencing strain on their budgets, and the trust will not provide any extra resources for services. The risk of not being able to fund commitments taken on by the trust will therefore need to be addressed by very careful specification of services, including, crucially, the levels of service which the partners are able jointly to underwrite. It is hoped that the streamlining of management structures under the trust will produce modest dividends in terms of service efficiency, and thus enable some resource to be shifted back to the front line.
- Misunderstandings within partner agencies over management and governance arrangements for individual service areas as service integration rolls out. This risk will be managed by ensuring that careful service continuity plans are in place and clearly communicated to all concerned, so that transition arrangements are understood, and the services themselves suffer no disruption.

Appendix to Children's Trust Expression of interest

The following four case studies are all drawn from actual examples within Brighton and Hove, and illustrate how the Children's Trust will enhance the quality service which children and their families can expect to receive. All four children have special needs of some kind; while service integration is of particular importance to such children, we could equally well have chosen examples of children and young people with other types of need, e.g. substance misuse, mental health needs or social and emotional needs.

Case Study 1: Carla

Carla is aged 4 and has profound and multiple learning difficulties. She lives with her mother and father and two brothers, aged 2 and 7.

The family is supported by:

- The GP
- The Health Visitor
- The school for the oldest child
- The LEA who are assessing Carla's needs before she starts school
- The local social care team who provide a range of family support services including assessment for a Link Family for Carla.

In any week Carla and her family may face a range of appointments such as health OT and physio to look at her therapy needs, Council OT who is visiting in relation to adaptations for the family home, community paediatrician and social worker who is ensuring that the support package is adequate and helpful.

It is frustrating for the family that appointments are not co-ordinated and will sometimes clash. Information is not shared between professional very efficiently and thus the family are constantly repeating the same information and being reassessed.

Within a trust there could be a simplified model that would give the family a 'one stop shop' service with a care co-ordinator who would take responsibility for ensuring better co-ordination of services, appointments etc. Information could be shared between professionals electronically within a secure database. Parents could see the information that is held and make sure that it is up to date. Carla and her parents could attend the centre and receive their paediatric review on the same morning as their therapy appointments. They could also make use of the parent's resource room to access their own information such as holiday breaks etc. One single OT could take responsibility for assessing for equipment for Carla and for ensuring that the adaptations at home are carried out. The package of family support services would be soundly based upon up to

date multidisciplinary assessment.

School staff could ring in for advice on how best to support Carla's elder brother with the issues of having a disabled younger sister. LEA staff are part of the multi disciplinary team within the centre and could make a sound assessment of Carla's educational needs based on fully integrated discussion.

Case study 2: Gemma

Gemma is 15 years old and has complex special educational needs (SEN). Gemma is functioning in the severe learning difficulty (SLD) range and attends a local special school for pupils with SLD. She also has a number of medical difficulties including epilepsy. She has a gastrostomy and requires some 1:1 support in school.

The family is in touch with:

- The GP on a regular basis
- The school nurse and specialist medical services as required
- The school to review Gemma's educational progress on a regular basis
- The local authority when involved in annual/transition reviews/provision issues
- The Children's Disability Team to access Gemma's social worker and specialist services
- AMAZE (a local charity funded by the local authority to provide parent partnership services to parents) for advice and support

Over the course of a year the family may face assessments, reviews, monitoring appointments with a number of different professionals, many in different locations around the city. This takes time; causes stress and requires the repeating of information many times.

The local authority is about to launch a 'transition protocol' in partnership with the PCT. This protocol will allow the sharing of information between statutory agencies for all young people entering transition (14+) with a statement of SEN. The pupil's school will act as the base from which all involved agencies are invited and asked to contribute to all reviews. This will ensure that no professionals are left out of the loop, information is gathered early enough for appropriate action to be taken and additional assessments made, and review meetings can be attended by or contributed to by all the relevant parties. This will smooth the task of the new Connexions PA to focus on the young person's needs and wishes, helping them express these in the best possible manner and helping them fulfil their part of their transition plan. It will also ensure that when Gemma's case is ready to transfer to adult services, information that is full and high quality can be transferred at an early date. This will not only help with planning for Gemma's needs but will help adult services plan early for all complex needs groups.

If a Children's Trust existed in Brighton and Hove, the family could opt to have all their medical services delivered from a local multi-resource centre. It might also suit the family better to have as many services as possible delivered through the school with whom they have a good relationship. A particular professional could be nominated to act as their co-ordinator. This could be the school nurse, or their social worker – with all agencies under one umbrella it would not be an issue as to who took the lead and parents could have a choice of 'key worker'. The information sharing protocol could further be developed onto a shared, secure ICT network so that basic information would not need to be repeatedly given by the family – just updated. The resource centre – be it based alongside the school or another venue could provide all medical services, provide 'drop-in' parent partnership contact and Connexions/careers advice access points. Parent support groups and information sessions on various aspects of transition could also be held here.

Developing this approach would help families under pressure to spend less time explaining their problems and enable professionals more time to act on them. The coordination of services will enable tighter methods of service delivery and ensure better planning.

Case study 3: Sam

Sam is three years old is micro-cephalic (i.e. he has a small brain) and has both global and speech and language delay. His mother is also micro-cephalic and has learning difficulties. Sam's father left some time ago and his mother recently had a baby with a new partner. Neither the mother or the father wanted to have another baby. Her new partner does not know how to look after Sam. The mother referred herself to a health visitor because she feels that she cannot cope and has been abusing Sam. The stepfather says that Sam keeps them awake at night and that if he does not sleep properly he becomes violent.

The family recently moved to an area where there is little early education and childcare provision close by. Sam used to attend a playgroup before they moved but with the new baby the mother can no longer take him. The family gets the following services:

- Support from their Health Visitor
- Sam attends a Pre-School SEN Service Early Intervention Group for one morning a week – this is provided in Hove and transport is provided.
- Home visits from Playlink;
- Home support from Portage;
- Speech and language therapy that they have to travel to
- Medical support from the McKeith Centre they have to travel to.

Sam has missed appointments with Speech and Language and at the McKeith Centre because she finds it difficult to travel across the city with Sam and the new baby.

They have just been referred to Social Workers because of the risk of abuse. There is no family centre nearby.

If Sam lived in Children's Trust area a casework co-ordinator could take on the co-ordination of the services the family receives and ensure that information is shared between professionals. If a Children's Centre were to be developed in the area this could provide childcare integrated with early education for Sam and childcare or a crèche for the baby for part of the week. This would provide respite for the family and time for the parents to attend family support and basic skills training. The Centre could also provide integrated Special Educational Needs and Speech and Language support for Sam. Many of the health services that the family get could also be based at the Centre.

Case study 4: Family Support

Currently the majority assessments of children in need are undertaken by a centralised Duty and Assessment Team (DAT) who then refer families to a range of services provided in the community by health agencies, schools, family centres and voluntary agencies. The DAT also undertakes most child protection investigations and assessments of children where there is immediate risk of family breakdown. This team is under significant pressure and prioritises child protection and family breakdown work. Current performance of assessments of children in need is that 45% of initial (7-day) assessments and 75% of core (35-day) assessments will be completed within time-scales. The Children's Trust will facilitate the development of multi-disciplinary and cross-agency Family Support Assessment Teams located in the community that will undertake the majority of initial assessments and some core assessments and through the development of a single-assessment tool will ensure that more assessments are completed within time-scales.

For example a family with three children under five, where a mother is suffering post-natal depression, has experienced domestic violence and has significant rent arrears and financial difficulties. At present there would be contact with a GP and health Visitor. The family could be referred to the DAT for an assessment and would then be referred on to a family centre, the Women's Refuge Project, Benefits Advice and Housing Advice all provided by separate agencies and often in separate locations.

Within a Children's Trust the family support teams would undertake the initial assessment, within a location where the benefits and housing advice could be provided whilst practical care was given to the children and the mother was supported by a health visitor with the post-natal depression. There would be close links developed with specialist centralised services such as the Women's Refuge Project and outreach services developed. The assessment and package of care could all be co-ordinated by one health visitor or family centre worker

and duplication of assessments and service provision would be avoided. The services would be provided more speedily, within the local community and without the difficulties experienced by the family escalating into either child protection concerns or family breakdown. Meanwhile the DAT would be enabled to provide an improved child protection service to those families in greatest need. Ultimately the Children's Trust will also lead to an overall reduction in the numbers of child protection referrals and family breakdowns as families are able to access support and assistance earlier and more quickly. This will improve performance against statutory indicators as poor performance is largely linked to pressure on resources.