



**BOROUGH OF POOLE**  
**CHILDREN'S TRUST GOVERNANCE BOARD**

**MONDAY 11<sup>th</sup> July 2011**

The Meeting commenced at 5 pm and concluded at 7 pm.

Present:

Members of the Board

Anne Newton – Chair, Director of Children's Services, Borough of Poole  
Adrian Dawson – Director of Public Health, NHS Bournemouth and Poole  
Gerry Moore – Service Unit Head: Children and Young People's Social Care, Borough of Poole  
Jan Thurgood – Adult Services, Borough of Poole  
Linda Boland - Operational Director, Children's & Specialist Services, Dorset Healthcare NHS Trust (sub for Roger Browning)  
Ros Maycock – Chair, Professional Executive Committee  
Vicky Wales – Service Unit Head: Children and Young People's Integrated Services, Borough of Poole  
Val Graves- Chief Operating Officer Bournemouth and Poole Community Health Services  
Sandra Moore-Councillor

Invited Observers

None

Also in attendance

Nick Wharam – Strategic Planning and Commissioning Manager,

**1. APOLOGIES FOR ABSENCE**

Apologies of absence were received from:  
Helen Brittain- Dorset Police, Sally Carpenter-Elected Member, Janet Walton- Elected Member, Mandy Goodenough- BCHA, Sue Pelham- Head Teacher, Stuart Twiss- SUH CYP SQI  
John Morton- Joint Commissioning and Partnerships NHS B and P

**2. MINUTES AND MATTERS ARISING**

AN noted that the Child Poverty Strategy had received positive comments at recent National Conference.  
NW to bring update from Strategic Workforce Development Group to next Board.

### **3. HEALTH COMMISSIONING ARRANGEMENTS.**

AD gave a summary of changes to health commissioning arrangements in the wake changes to the Health and Social Care Bill.

The focus of the NHS will still be on;

- Quality outcomes
- The NHS constitution
- Patient and carer involvement

#### **GP Involvement**

However the new term for GP consortia is now Clinical Commissioning Groups. These will be GP's plus 2 lay members and will meet in public, publish their minutes and details of contracts agreed. Secondary care clinicians will also be involved but they will need to be from out of the commissioning area (unclear how this will work in practice)

These arrangements will have to be 'authorised' both by the National Clinical Governance Board and the local Health and Wellbeing Boards.

Timescale is still shadow arrangements from Oct. 2012 to be in place by April 2013.

The intention is for these groups to be co-terminous with LAs where possible.

#### **Strategic Health Authority**

The Strategic Health Authorities have had a reprieve and will now stay until April 2013 but will probably cluster into 4 large organisations (there are 10 at present).

#### **Monitor**

The role of Monitor has now changed as it will have a duty to get appropriate clinical advice and competition will only be allowed if it is of benefit to the local population.

Monitor also has duties to protect and monitor patients interests and to promote integration of care.

#### **Public Health**

Public Health England is now a part of the Department of Health.

#### **Health and Wellbeing Boards**

Boards will have duty to involve users and the public. A key role is to integrate health and social care provision (for adults). The Clinical commissioning groups must ensure their plans are aligned with the Health and Wellbeing Strategy. Local authorities can decide which executive functions it wants to delegate to the Health and Wellbeing Board. The decisions of the Board are open to LA scrutiny processes but the local authority can also challenge decisions of the Board in its own right.

#### **Education and training**

Big changes have been made to proposals in this area with the Secretary of State now having a duty to maintain standards of professional training. More policy guidance will come out in this area.

#### **Child Health Planning**

AD noted that health planning at national level was definitely moving to see children's services in two blocks under 5's and over 5's.

#### **Clinical 'Senates'**

These are a new idea based on the current concept of clinical networks and will feed in at a National level and will be based around clinical areas.

### **Local response**

The Dorset, Bournemouth and Poole PCT cluster has set up seven Clinical Programme Groups (CPG) Childrens issues are split across several groups;

- Maternity, Reproductive Health and Children's CPG
- Mental Health CPG (includes CAMHS)
- Public Protection and disease prevention CPG

These were set up to engage GP's and work is taking place on their terms of reference and how they will operate. They will all be chaired by a GP and discussions are taking place as to how local authorities will be represented on the groups (although it has been agreed that Anne Salter Commissioning Manager Dorset LA and PCT will represent children's services on the mental health CPG.

The Maternity, Reproductive Health and Children's CPG has met once and will concentrate on;

- Sexual Health
- Maternity
- Health Visiting

A meeting is taking place of CPG chairs on the 14<sup>th</sup> July to reach agreement on consistent arrangements across the CPG's.

### **Discussion**

JT The local authority will need help from health colleagues to ensure a robust debate takes place as to how the local authority can engage with this process. There was a need to understand how these arrangements could fit alongside existing joint commissioning arrangements such as the DAAT.

AN expressed her concern that children's services were just going to be a small part of the agenda of the CPG's and could be marginalised. AN suggested that some aspects of planning around children's health should be scrutinised by members and will be talking to members about this. Health visiting has already been raised as a possible area for Health scrutiny.

LB also expressed her concern about the planning around CAMHS services and how the new CPG would fit with the existing pan Dorset CAMHS Commissioning Group.

RM noted the concerns from Board members and as one of the Chairs of the CPG's (Mental Health) she will be taking these concerns into the meeting on the 14<sup>th</sup> July of CPG Chairs. She also pointed out that examples of changes in secondary care meant that there could be opportunities for improving children's services to respond to the needs of children.

GM noted that at the recent ADCS conference David Behan had outlined that children's policy was focusing in three areas;

- Foundation years
- Youth at risk
- Safeguarding

VW made the point that it was very important that business as usual work could carry on while these changes were occurring. For example bidding for a SEN/Disability Green Paper Pathfinder which needs to be in by 15<sup>th</sup> August and has to be a joint health and local authority bid, ideally with a voluntary sector partner. AD said Liz Labrow was key commissioning contact on disability.

VG reassured Board that the community health services would continue with service improvements and engagement in planning with partners and made the point that existing roles and relationships were vital and should be maintained.

#### **Action Agreed;**

**GM to circulate notes from ADCS conference.**

**NW to set up email circulation list for key individuals in health (eg. for bid preparation) NW to circulate draft list for health colleagues to amend.**

**AD to write briefing paper to next Children's Trust Board.**

#### **4. Children, Young People and Family Plan**

NW explained the planning structure for children's services. AN reminded Board that the draft plan built on work already done by the Board in identifying priorities.

As agreed the plan is a high level summary document that references across to other plans. In particular the Business and Action plan of the LSCB, the Local Authority Children's Services Delivery Plan and the Child Poverty Strategy.

NW raised questions for Board on;

Style and timescale?

Are there other priorities/links to other plans that should be made?

Are we clear on the governance of our priorities?

Are there any other major changes in the 'working together' section?

Should we consider an outcome based score card?

#### **Discussion.**

Board agreed the 2011 – 2013 timescale and were happy with the overall summary style of the plan.

AD and others will look at the links across to health frameworks and plans.

Board members discussed governance issues and supported the idea that it should be clear which partnership group had lead responsibility for each

priority and objective. JT pointed out that some priorities had clear governance in place (reducing Domestic Violence) but there would need to be further discussion to ensure plans are sufficiently robust, others there needed to be further debate to decide the best place to hold responsibility, eg. reducing harm caused by alcohol misuse (ie parental or carer misuse)

### **Content**

It was suggested that the summary priorities from the Child Poverty Strategy should be included for consistency.

The wording of the preventative objective under Priority 3 Improving Mental Health and Emotional Wellbeing needs sharpening.

The working together section needs to have 'smarter' language to be clearer what is to be achieved.

There was a discussion about SEN and Disability and if this should be seen as business as usual (and therefore just within other plans) or recognised as a key priority for the next two years. There was also a similar discussion about young people who offend, given the priority of improving outcomes in this area.

AN suggested that the Plan should explicitly state that non-delivery against priorities would mean that agencies and partnerships could be held to account and that the governance for this process lay with the CT Board and the statutory role of the Director of Children's Services, Lead member and the Local Authority scrutiny role. The plan should state this in the introduction as well as explaining the role of the Children's Trust.

### **Outcome Based Score Card**

Board agreed that a small number of outcome measures against the plan priorities would be the best way to oversee performance with the accountable group or partnership owning the outcome measure used. AD raised the possibility that where priorities related to a neighbourhood people living in that area should help decide the outcome measure they wished to be used.

### **Action Agreed**

**NW to place priorities into a table with the possible accountable partnership/group and circulate to Board Members for comment or to suggest accountable body.**

**NW to bring suggested performance framework based on outcome measures to next Board.**

**All board members to comment on plan by the 15<sup>th</sup> August (comments to NW)**

## **5. FORWARD PLAN**

Board members discussed the forward plan and agreed items for next Board would be;

Final Children, Young People and Family Plan- Nick Wharam

Performance framework for the Plan - Nick Wharam  
Health report - Adrian Dawson  
Working with Complex Families (including need identified, current working model and potential future models of working)- Gerry Moore  
Sector led Improvements in Children's Services (using peer review)- Anne Newton

## **6. ANY OTHER BUSINESS**

LB informed the Board that Dorset Healthcare University NHS Foundation Trust has declared an interest in a Dorset wide children's services early adopter for Immediate Access to Psychological Therapies with the support of the three local authorities and the PCT's. It primarily will bring resource to offer training in Cognitive Behaviour Therapy and Parenting Skills for professionals and is being led by Kate Halsey in the PCT.

AN informed the Board about developments in Sector led Improvements in Children's Services and suggested this comes as an item to next Board.

## **7. Next Meeting**

The next meeting of the Board will be on 12<sup>th</sup> September 2011 5pm at the Committee suite, Poole Civic Centre.

Future meetings of the Board are at the same time and venue on;  
14<sup>th</sup> November  
9<sup>th</sup> January.

Nick wharam CTGB Minutes 070211 Final