

Committee: **Cabinet**

Date: **29 June 2004**

Title: **The Children Bill: implications for East Sussex**

By: **Chief Executive**

Purpose: **To seek the agreement of Cabinet to begin discussions with partners in the National Health Service (NHS) about options for establishing a Children's Trust in East Sussex.**

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**RECOMMENDATIONS: that**

- (i) **the County Council explores with local NHS partners options for developing a "Children's Trust" for the commissioning and strategic planning of children's services, including the possible early establishment of a shadow Trust executive to develop an appropriate model for East Sussex;**
  - (ii) **the model developed should be consistent with the principles set out in Annex 1. In particular, the initial focus of the Trust's work should be confined to the priorities established in the East Sussex Children and Young People's Strategic Plan;**
  - (iii) **a seminar on the implications of the Children Bill should be arranged for September/October for County Councillors; the Chairmen, Non Executive Directors and Chief Executives of NHS Trusts; and the Leaders and Chief Executives of District Councils;**
  - (iv) **further reports be made to Cabinet following this consultation, outlining proposals for the development of a Trust, the future Managerial leadership of Children's Services and other aspects of the Council's organisation affected by those proposals, particularly those referred to at 5(i) – (iv) in Annex 1;**
  - (v) **the tools for information sharing across agencies developed through the trail blazer identification, referral and tracking (IRT) project, including the new electronic Children's Services Index, should be extended across the County;**
  - (vi) **a new joint commissioning partnership should be established for the Child and Adolescent Mental Health Service (CAMHS) to oversee the use of funds provided for the service by both the NHS Primary Care Trusts (PCTs) and the County Council, supported until March 2006 by a new CAMHS Commissioning and Development Manager.**
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**1 Financial appraisal**

1.1 The costs of operating a Children's Trust will need to be contained within the existing budgets of both the County Council and the NHS Trusts involved. It will be important for the Trust to focus on a clear priority agenda. The Trust should aim to achieve better use of total existing resources for children's services, a better match between investment and strategic priorities and the elimination of duplication.

1.2 The costs of implementing information sharing tools across the County are covered through a combination of existing e Government funding and additional trail blazer grant from the DfES. The NHS PCTs are contributing to the on-going maintenance costs of the new electronic Index, from April 2004.

**2 Background**

*Children's Trusts*

2.1 Attached at Annex 1 is a report prepared by a small working group of senior officers, chaired by the Deputy Chief Executive and Director of Corporate Resources. This sets out the key provisions of the Children Bill and the Government's policy document published at the same time, "Every Child Matters; Next Steps"; the issues raised for the County Council; and progress to date in addressing those issues.

2.2 The Government's expectations are clear: all areas should develop a Children's Trust by 2008 and most by 2006, and local authorities should exercise a leadership role in addressing that challenge. A new framework for area inspection of children's services, covering Education, Social Services and community

health services, has recently been published for early consultation prior to statutory consultation once the Bill has been enacted. Clear strategic direction with collective decision making across all agencies designed to match investment and priorities will be an important feature of this framework. The precise nature of Trust arrangements is not expected to be prescribed in detail. It will be for local agencies to determine what arrangements best underpin effective decision making. Many of the current pathfinder Children's Trust projects have the establishment of appropriate policy and financial governance arrangements as one of their work strands. Few models are so far available for other areas to consider.

2.3 Initial, exploratory discussions with the Chief Executives of the NHS Trusts about these expectations have been held. The benefits of integrated strategic planning and commissioning, and delivery of services are recognized by all. It is important to ensure that the creation of new planning structures enhances current work programmes, and that the initial priorities for any Trust are closely defined, consistent with existing priorities in the East Sussex Children and Young People's Strategic Plan.

2.4 It is important that a wide range of key stakeholders are consulted about the next steps. We propose that a seminar is arranged in September/October for County Councillors and the Chairmen and Non Executive Directors of PCT Boards to discuss the implications of the Bill and the most appropriate way forward for the County. The District and Borough Councils also have an interest, in particular in relation to housing and leisure services; we suggest that their Leaders and Chief Executives are also invited. While development of a trust model is vital, the Children Bill is wider than this. A fundamental position for the County Council will be to protect the twin pillars of educational standards and child protection.

*IRT*

2.5 East Sussex has made good progress as a national trail blazer area for developing new information sharing arrangements. We believe the model developed here will be compatible with expected national requirements. It is fully consistent with current data protection legislation. Consultation with families has been very positive. It has been welcomed by staff in the pilot area (Eastbourne Downs PCT). We believe it should be extended as soon as possible across the County. Additional funding from the DfES of £100,000 has been provided for this purpose, reflecting the good progress we are seen to have made.

*The Child and Adolescent Mental Health Service (CAMHS)*

2.6 CAMHS is currently the only area of children's health services in which specific targets are set nationally; there is requirement for 10% growth in each of the two years from 2004 to 2006 with specific service requirements expected in the forthcoming NHS National Service Framework. Most funding is provided by the NHS PCTs, but local authorities are also given a Government grant to contribute to the service, which increases significantly over the two year period. It is important that use of the different funding streams is planned coherently. Many authorities are reviewing their partnership arrangements. The proposals described in the report at Annex 1 have been developed through a detailed six month project involving an external consultancy and are supported by a wide range of local stakeholders.

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