
**Manchester City Council
Report for Resolution**

Report to: Health and Wellbeing Board – 22 January 2014

Subject: Health and Wellbeing Board and Children’s Board – Building Partnerships

Report of: Strategic Director of Children's and Commissioning Services and Chair of Children’s Board

Summary:

This paper articulates the Children’s Partnerships priorities, explores briefly some of the findings of a recent refresh and looks to articulate how Children’s Board and the Health & Wellbeing Board build a clear and effective relationship

Recommendations

- For the Health and Wellbeing Board to note the report;
 - For the Health and Wellbeing Board to approve the proposals under section 5 particularly Children’s Board leading on ‘*best start*’ on its behalf;
 - For the Health & Wellbeing to recognise a more formal governance arrangement with Children’s Board.
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Wards Affected: all

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1. Introduction and Purpose of paper

1.1 The Children's Board leads the Children's Partnership (formerly known as Children's Trust Arrangements) and has the overall, strategic responsibility for improving outcomes for children, young people and their families in Manchester. The Children's Board plays a key role in ensuring children and young people are safeguarded and it is committed to working together to reduce dependency and levels of need.

1.2 The Board is chaired by the Strategic Director of Children's and Commissioning Services and has agency representation from health, GMP, VCS and schools. Children's Board has formal links with the Manchester Safeguarding Children's Board (MSCB) and other thematic groups such as the Valuing Young Peoples Board.

1.3 The Children's Board governance also has a local focus with 5 district Children's Partnerships based around the 5 SRF areas. These are chaired by Headteachers and they report formally into Children's Board three times a year with an opportunity for verbal updates in-between. The groups have the ability to set their own priorities based on local need but must deliver the Children's Board overarching principle - Early Help (*more information below*).

1.4 Children's Partnership arrangements have a history of leading strong multi-agency partnerships, whether through the MSCB or the former Children's Trust Arrangements. In the last full inspection, in November 2010, Ofsted commented:

*'Partnership working is **outstanding**. The Children's Trust Board has a very good level of agency representation. The Children's Trust demonstrates strong drive and determination to deliver the best possible service for children and families in Manchester'*

1.5 In April 2013, the Chair of Children's Board requested that a refresh of the current arrangements take place. The refresh would cover both city-wide and local partnership arrangements, as well as looking at priorities, membership and governance. The refresh would take place alongside a Manchester City Council internal audit. In addition the refresh would consider relationships with new and emerging groups such as the **Health & Wellbeing Board and the Manchester Leaders Forum**

1.6 This paper articulates the Children's Partnerships priorities, explores briefly some of the findings of the aforementioned refresh and looks to articulate how Children's Board remains 'outstanding' by building functional and progressive relationships with the **Health & Wellbeing Board**.

2. The Children's Partnership Priorities

2.1 The Children's Partnership priorities for 2012/2013 agreed at Children's Board in May 2012 are as follows:

Early help

Improve the lives of Children & Young People in Manchester by developing an offer for Early Help by ensuring there is a commitment to finding early solutions to family problems through the effective use of tools such as the Manchester Common Assessment Framework (MCAF).

Early Years and 'school ready'

Children's Board will ensure children are ready for school by **leading** on the implementation and commissioning of a core universal offer for pre-birth to five year olds. Key agencies will work together and communicate effectively so professionals such as Health Visitors are able to perform their wider public health role.

The Family

Minimise family poverty by tackling the root causes of dependency articulated in the Family Poverty Strategy 2012-2015. In addition we will develop partnership-wide support for the Troubled Families Unit and other joint activity, attracting contributions from key agencies as we look to turn around the lives of troubled families through joint investment and commissioning.

Narrowing the gap

Narrow the gap in key outcome areas including, amongst others:

- childhood obesity;
- dental hygiene;
- LAC outcomes in education, health and crime and disorder;
- teenage conceptions;

by ensuring that all families receive timely interventions and have access to the right provision, as early as possible and at the right time.

The recent refresh found these priorities were widely regarded as the correct ones by partners, chairs of the SRF Children's Partnerships and internal audit and should be adopted for 2013-2015.

2.2 Children's Board priorities align closely with relevant **Health & Wellbeing Board** priorities: *'Turning round the lives of troubled families'* and particularly *'Getting the youngest people in our communities off to the best start'*.

2.3 The refresh found that these priorities were not promoted widely enough- to the **Health & Wellbeing Board** for example. In addition it was suggested that 'Early Help' becomes our over-arching guiding principle, encompassing the other three priorities rather than a separate priority in itself. It was felt Early Help was intrinsically linked to the success of Early Years, The Family and Narrowing the Gap.

3. The Children's Board

3.1 The current membership of Children's Board is as follows:

** also sit on Health & Wellbeing Board*

- 1) * Strategic Director of Children's and Commissioning Services (Chair)
- 2) Director of Education and Skills (Deputy Chair)

- 3) Deputy Director, Education and Skills (**and lead for Early Help**)
- 4) Executive Member for Children and Young People
- 5) VCS representative (MACC)
- 6) Central Manchester Foundation Trust (CMFT) Representative (Children's Nursing)
- 7) Director of Public Health Manchester (or representative)
- 8) Chair of Children's, Maternity and Neonatal Clinical Board (CMNCB) (a GP) or Commissioning Manager, Joint Commissioning Team, NHS
- 9) * Chair of MSCB
- 10) Secondary school Head rep
- 11) Gr Manchester Police Partnership Rep
- 12) Lead representative; Neighbourhood Services
- 13) Chairs of the Children's Partnerships (x5)
- 14) Lead representative for Regeneration (MCC)
- 15) Strategic Head of Commissioning or Strategic Commissioner, MCC
- 16) Lead representative; Directorate Families, Health and Wellbeing

Total : 20

3.2 All agencies are expected to demonstrate a pro-active commitment, and multi-agency approach to early/preventative interventions (Early Help) - this being the Children's Board's guiding principle. Recent high-level examples include the joint work taking place on the Early Years New Delivery Model. However, the recent refresh found Children's Board needed to improve its strategic challenge role in this respect to agencies and **the Health & Wellbeing Board**.

3.3 Children's Board should work closely with other relevant partnerships including MSCB, the Strategic Commissioning Board and **the Health & Wellbeing Board**. As well as the **Health & Wellbeing Board** it is important that Children's Board maintains strong links with the Clinical Commissioning Groups with continued representation on the Board.

3.4 The strong link with MSCB is critical in ensuring Manchester's children and young people are safeguarded and agencies continue to communicate effectively. MSCB often acts as a 'critical friend'- for example MSCB leads on the Quality Assurance (on Children's Boards behalf) of the Manchester Common Assessment Framework (MCAF), a key tool in the delivery of effective early interventions.

3.5 Children's Board has strong links with thematic groups relevant to our priorities such as the Valuing Young Peoples Board and Attendance Board. It should also look to work closely with, and receive regular reporting from, the mechanisms and governance responsible for the Early Years Transformation: Early Years Transformation Board and the Early Years New Delivery Model Steering Group <MCC & CMFT>.

4. Local - Strategic Regeneration Framework (SRF) Children's Partnerships

4.1 The Children's Partnerships cover an SRF area in the city and are chaired by a local Headteachers, all of whom are permanent members of Children's Board.

4.2 Internal audit recently described the arrangements as allowing for good communications and are excellent forums for information sharing. Internal audit also found that the use of Headteachers to chair partnerships was positive. It was felt that the headteachers were in a good position to champion the needs of children and young people in a local area.

4.3 The Children's Partnerships deliver the Manchester Common Assessment Framework (MCAF) at a local level where positive inroads have been made. The SRF Children's Partnerships have made a tangible difference had been made to the volume, and quality, of MCAF's completed.

4.4 SRF Children's Partnerships report formally into Children's Board three times a year on the partnership's 'Early Help' activity and impact thereof as well as progress in delivering a local workplan.

4.5 The Children's Partnerships do not operate in isolation and have established good links with the strategic SRF Delivery Groups; in some cases workplan schedules have been integrated.

5 Formalising the relationship with the Health & Wellbeing

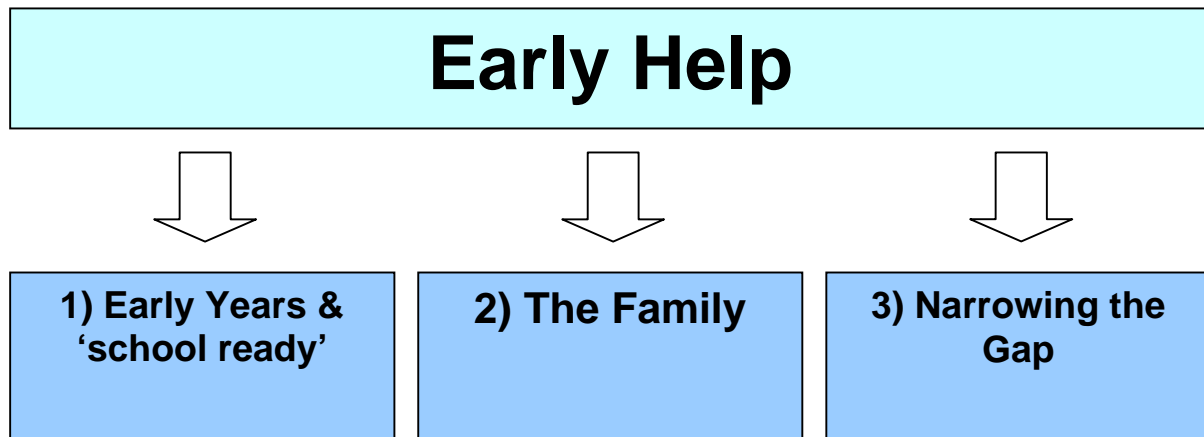
5.1 The relationship between the Children's Board and the **Health and Wellbeing Board**, whilst important, has not yet been formally agreed. The recent refresh recognised the work Children's Board has done in improving outcomes for children and young people but highlighted a need to strengthen its governance given the prominence and importance of the **Health & Wellbeing Board**.

5.2 The need to formalise the relationship is also important because of the **Health & Wellbeing Board's** responsibility for the integrated care blueprint, Living Longer, Living Better. It is proposed that Children's Board leads on the early years and 'better start' elements, on the **Health & Wellbeing Boards** behalf, particularly the work on the Early Years New Delivery Model.

5.3 Historically, Children's Board has reported into the Manchester Board as one of its formal thematic partnerships. In early 2014 the Manchester Board will be disestablished and replaced with a Manchester Leaders Forum. Whilst a relationship with the Manchester Leaders Forum will continue it is proposed that Children's Boards formal governance link will transfer to the **Health & Wellbeing Board**.

5.4 The following is proposed :

- The Health & Wellbeing Board to recognise and approve the three Children's Board priorities as well as it's overarching principle;



- The Health & Wellbeing Board tasks Children's Board with **leading** on its priority: '*Getting the youngest people in our communities off to the best start*'
- For Children's Board to report annually (or on request) to the Health & Wellbeing Board on progress;
- For Children's Board to escalate issues of importance when necessary (recent example being the annual child health profile) and conversely for the Health & Wellbeing Board to challenge Children's Board on matters relating to children and young people.
- For Children's Board to continue its strong partnership with MSCB to ensure the most vulnerable are safeguarded.

6. Conclusion

With the Manchester Board (now the Manchester Leaders Forum) no longer holding a formal accountability for the thematic partnerships, including Children's Board, the role of the **Health & Wellbeing Board** is vitally important. This report seeks to gain approval for a formalised relationship between the boards and looks to align appropriate priorities and designate responsibilities.

7. Recommendations

- For the Health and Wellbeing Board to note the report;
- For the Health and Wellbeing Board to approve the proposals under section 5 particularly Children's Board leading on '*best start*' on its behalf;
- For the Health & Wellbeing to recognise a formal governance arrangement with Children's Board

Children's Partnership Arrangements

