

Governance Arrangement In Respect of Children's Services

1. INTRODUCTION

- 1.1 This report provides an update following the report submitted to the Partnership in April 2008. The issue identified at that time was a need to consider the current governance arrangements for children's services and the implication that any change may have for the role and function of the Health and Social Care Partnership.

2. CURRENT POSITION

- 2.1 As noted in the report to the partnership in April, the historical development of separate approaches to the development of adult and children's services at a national level has led to distinctive approaches being taken in each of the two sectors. In adult services this was initially led by the Joint Future initiative and included an explicit commitment to structural change within organisations along with the creation of pooled and joint budgets.
- 2.2 For children's services the policy at national level was to improve joint working but without any indication of the need for structural change of the type envisaged with adult services.
- 2.3 Consequently, distinct processes have developed within Argyll and Bute with adult services being overseen by the Health and Social Care Partnership and children's services by Argyll and Bute's Children. (see Appendix 1)
- 2.4 There are a number of distinctions between the two groups with two in particular highlighting the differences between the types of approach historically developed. Firstly the Health and Social Care Partnership has formal representation from elected members and senior corporate officers from NHS Highland and the Council and acts as a conduit to decision making fora in both NHS Highland and the Council. By contrast Argyll and Bute's children is officer led from within the services and does not have so well established links to formal bodies within the two authorities.
- 2.5 The second distinction between the approaches reflects the range of membership in the groups with the Health and Social Care Partnership being made up of Social Work/NHS/Voluntary

sector and Argyll and Bute's Children having a wider membership group including: Education; Scottish Children's Reporter Administration and Strathclyde Police as well as Social Work, Health and the Voluntary sector.

3. **WAY FORWARD**

3.1 An initial scoping exercise has been undertaken to consider possible future developments in this area. This scoping has identified three possible options: firstly leave arrangements as they are; secondly reconstitute Argyll and Bute's Children along similar lines to the Health and Social Care Partnership; thirdly establish a joint strategic forum for both adult and children's services. Possible advantages and disadvantages of the three models are considered below.

1. *Allow Current Arrangements To Continue*

This option has the advantage of involving minimum disruption at a time of major change elsewhere. This continuity assists in allowing a focus on service improvement avoiding time and resources having to be diverted to planning and implementing structural changes. It does however leave the issue of formal governance arrangements within children's services largely unchanged, relying on the senior officers involved to ensure that decision making bodies within host organisations are kept informed and involved in service developments.

2. *Reconstitute Argyll and Bute's Children Along the Lines of the Health and Social Care Partnership*

This model has the advantage of creating compatible decision making processes between adult and children's services. But has the disadvantage of being resource intensive with a potential accusation of duplication given that membership of the two groups will contain a number of the same people. It may also open up a gap in children's services between the new group and the three existing thematic groups creating the need for a further operational or implementation group similar to the JIG to be established.

3. *Establish a Joint Strategic Forum*

This has the advantage of one group having the focus for the development of the entire range of 'services to people' and is more likely to be sustainable than trying to achieve consistent commitment to the two parallel groups in option 2. It would however require fundamental change and may

mean that the Health and Social Care Partnership is formally disbanded to allow for the creation of the new group along with the creation of a new membership and constitution. This approach is also likely to require two operational/implementation groups below the strategic group – one each for adult and children’s services similar to the role currently filled by the Joint Implementation Group and Argyll and Bute’s Children.

The extent of the changes involved in this option would require considerable investment, at least in the short to medium term if the new arrangements are to be successfully embedded.

4 CONCLUSION

- 4.1 The governance arrangements for integrated children’s services have not, so far, thrown up insurmountable difficulties. However they rely to a significant degree on individual officers ensuring that issues are brought appropriately to the attention of host agencies to ensure acceptance of, and compliance to, proposed service changes.

Initial consideration of this issue has identified three potential future options. Each of these has its own merits and potential drawbacks. In looking to take this forward there may be benefit in further discussion within the Health and Social Care Partnership and Argyll and Bute’s Children to seek comment from all interested parties with a view to achieving a consensus as to the preferred future option.

5. IMPLICATIONS

Policy:

Financial:

Legal:

Personnel:

Equal Opportunities:

Director of Community Services

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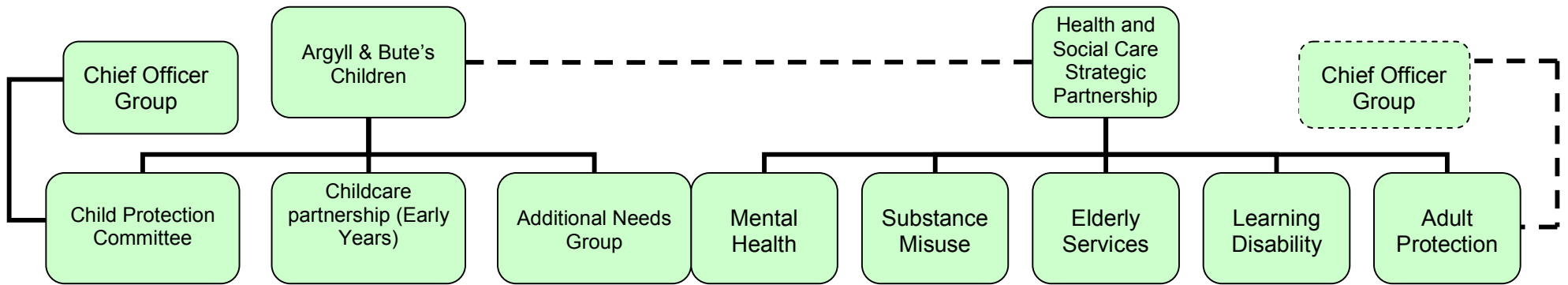
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Community Planning



Area Children's Groups

Area Community Care Fora