

# Royal College of Psychiatrists

## Consultation Response

---



**DATE: 28<sup>th</sup> January 2010**

**RESPONSE OF:** THE ROYAL COLLEGE OF PSYCHIATRISTS

**RESPONSE TO: Children's Trusts: Statutory guidance on co-operation arrangement including the Children's Trust Board and the Children and Young people's plan**

The Royal College of Psychiatrists is the leading medical authority on mental health in the United Kingdom and is the professional and educational organisation for doctors specialising in psychiatry.

We are pleased to respond to this consultation. This consultation was prepared by the Child and Adolescent faculty

This consultation was approved by: Dr Ola Junaid- Associate Registrar

For further information please contact: Claire Churchill on 020 7235 2351 ext.293 or e-mail [cchurchill@rcpsych.ac.uk](mailto:cchurchill@rcpsych.ac.uk)

## **RESPONSE TO THE CONSULTATION DRAFT OF:**

### **CHILDREN'S TRUSTS: STATUTORY GUIDANCE ON CO-OPERATION ARRANGEMENTS INCLUDING THE CHILDREN'S TRUST BOARD AND THE CHILDREN AND YOUNG PEOPLE'S PLAN**

#### **Response to Consultation Questions**

- 1 Overall do you agree that the guidance will help to strengthen the engagement of Children's Trust partners (statutory or otherwise)? If not, what else is needed?

#### **Response**

The plans for Children's Trust are certainly a step in the right direction in terms of widening the responsibility for developing services for children and young people. However, unfortunately there is a missed opportunity here to truly engage Health Services in this process. The representation of Health on Children's Trust Boards is extremely weak, only being represented by PCTs and GPs. PCTs generally lack the necessary experience and expertise in children's health services. This expertise generally lies within provider organisations such as Acute Hospital Trusts and Mental Health Trusts. From a Child and Adolescent Mental Health perspective it is essential that representatives from all 4 tiers have seats on the Children's Trust Board. Frontline providers from many other services such as Youth Offending Teams, schools of many different types, further education, Job Centre Plus, Sure Start Children's Centre, Adult Services, Housing etc, are all represented on the board. It is puzzling then that key service providers such as CAMHS and Paediatric Services are not represented on the board.

- 2 Does the guidance provide a clear explanation (in chapter one) of what the Children's Trust and the Children's Trust Board are and do, and how they are different? If not, how else should this be covered?

#### **Response**

Yes, chapter one is clear on the role of Children's Trusts and the Children's Trust Board. There is comprehensive mention of how partnerships relate to the Children's Trust Board. However, it would seem important to stress the role of specific services on the Board, such as CAMH Services, rather than referring to CAMHS partnerships.

- 3 Does the guidance provide sufficient clarity (in chapters two and seven) on how partners should be represented on the Children's Trust Board? If not, how else should this be covered?

## **Response**

Again, from Health, there is only mention of PCTs and no mention of Specialist Health Services. PCTs generally do not have commissioners with sufficient experience or expertise to represent services for both the physical and mental health needs of young people. It is not sufficient, as stated in 2.51 that "Acute Foundation and Specialist NHS Trusts and Community NHS Services ..... should be fully involved in the development of the Children and Young People's plan". These organisations need to have representation on the Children Trust Board.

- 4 Does this guidance made clear (in chapter three) the integrated tools and processes to be used in Children's Trust co-operation arrangements? If not, how else should this be covered?

## **Response**

Chapter three doesn't seem to fit into the general high level guidance given in the rest of the document. It seems to focus on a very basic level of detail in terms of what frontline providers are expected to do. This chapter may be more appropriate as an appendix rather than within the main body of the text.

- 5 Does the guidance make clear (in chapter four) what the responsibilities of the Children's Trust partners and the Children's Trust Board are around commissioning? If not, how else should this be covered?

## **Response**

Yes, chapter four on commissioning is clear. Within Health there is a division between commissioners and providers. However, in section 4.5 this is described as "a purchaser provider separation". This is a rather old-fashioned idea. In a more mature Health Service it is increasingly recognised that commissioners and providers should collaborate together to ensure the best health outcomes for their populations. Further, it is recognised that much of the expertise and experience lies within the provider organisations. Therefore, section 4.5 gives a rather unfortunate bias implying that PCTs can take a lead role for Health on Children's Trust boards. This is again reflected in 4.7 where it is suggested that "providers are a key source of information and insight". This is correct, hence the need for them to be full partners on the Board.

There is no reference in chapter 4 given to the National Institute for Health and Clinical Excellence (NICE). NICE produce guidelines on treatments and service delivery for Health in Primary Care, Paediatrics and Mental Health. It would be helpful to have explicit mention of this. Children's Trust Boards and the Children and Young People's Plan need to develop services which are congruent with NICE guidelines.

- 6 Does the guidance make clear (in chapter six) the role of the Children's Trust Board in developing the local workforce strategy? If not, how else should this be covered?

**Response**

Yes, this seems brief and to the point.

- 7 Does the guidance make clear (in chapter seven) how to set up the Children's Trust Board? If not, how else should this be covered?

**Response**

Yes, this seems clear.

- 8 Should the guidance provide (in chapter seven) additional information about the support and challenge role of the Government Office, and how they will work with the Children's Trust partners and the Board on areas where they may need improvement support?

**Response**

No comment.

- 9 Does the guidance make clear (in chapter eight) what the responsibilities of the Children's Trust Board are around representing children and young people's interests [and ensuring that the CYPP is properly reflected] in wider strategic planning overseen by the Local Strategic Partnership? If not, how else should this be covered?

**Response**

Health will be a relatively weak and poorly represented body on the Children's Trust Board. There is a risk, therefore, that there will be missed opportunities for informed strategic planning.

- 10 Does the guidance make clear (in chapter eight) what steps the Board should take in preparing, publishing and reviewing the CYPP? If not, how else should this be covered?

**Response**

Yes, chapter eight is very clear.

- 11 Do you agree it would be helpful if the guidance were linked to "good practice" examples hosted on existing websites? Do you have any examples of websites to suggest? What would be the most helpful way of spreading good practice and through which websites?

**Response**

No comment.

- 12 Do you agree that the matters to be dealt with in the Plan as set out in Section 4 of the Regulations are appropriate?

**Response**

Yes.

- 13 Are there additional requirements that you would like to see set out in the Regulations? If so, what are they?

**Response**

No.

**January 2010**