



LEAD MEMBER FOR CHILDREN AND FAMILIES

DECISIONS to be made by the Lead Member for Children and Families,
Councillor Bob Bowdler

**MONDAY, 27 FEBRUARY 2023 AT 2.15 PM OR AT THE CONCLUSION OF THE LEAD
MEMBER FOR EDUCATION AND INCLUSION, SPECIAL EDUCATIONAL NEEDS AND
DISABILITY MEETING (WHICHEVER IS THE LATER)**

REMOTE MEETING VIA MICROSOFT TEAMS

AGENDA

1. Decisions made by the Lead Cabinet Member on 14 February 2023 (*Pages 3 - 4*)
2. Disclosures of interests
Disclosure by all Members present of personal interests in matters on the Agenda, the nature of any interest and whether the Member regards the interest as prejudicial under the terms of the Code of Conduct
3. Urgent items
Notification of items which the Lead Members consider to be urgent and propose to take at the end of the appropriate part of the Agenda
4. Children's Supported Accommodation Approved List (CSAAL) (*Pages 5 - 8*)
Report by the Director of Children's Services
5. The extension of the Collaborative Partnership Agreement with East Sussex Health Care Trust (ESHT) for the provision of 0-19 Early Help service (*Pages 9 - 40*)
Report by the Director of Children's Services
6. Any urgent items previously notified under agenda item 3

PHILIP BAKER
Assistant Chief Executive
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17 February 2023

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LEAD MEMBER FOR CHILDREN AND FAMILIES

DECISIONS made by the Lead Member for Children and Families, Councillor Bob Bowdler, on 14 February 2023 at Remote Meeting via Microsoft Teams

5. DECISIONS MADE BY THE LEAD CABINET MEMBER ON 26 SEPTEMBER 2022

5.1 The Lead Member approved as a correct record the minutes of the meeting held on 26 September 2022.

6. DISCLOSURES OF INTERESTS

6.1 Councillor Bob Bowdler declared a personal, non-prejudicial interest that he is ex-military.

7. URGENT ITEMS

7.1 There were none.

8. REPORTS

8.1 A copy of the reports referred to below are included in the minute book.

9. ARMED FORCES COVENANT

9.1 The Lead Member considered a report by the Director of Children's Services regarding the Armed Forces Covenant.

DECISIONS

9.2 The Lead Member RESOLVED to:

- 1) note the change to the current Armed Forces Covenant for East Sussex County Council;
- 2) agree to the pledges outlined by the East Sussex County Council Armed Forces Covenant document; and
- 3) sign the updated Armed Forces Covenant

Reasons

9.3 In order to continue demonstrating support to the Armed Forces Community, and to aim for Gold Accreditation on the Employers Recognition Scheme in 2023, East Sussex County Council will need to re-submit a bespoke Armed Forces Covenant by 1 March 2023.

Report to: Lead Member for Children and Families
Date: 27 February 2023
By: Director of Children's Services
Title: Children's Supported Accommodation Approved List
Purpose: To seek approval for the Children's Services Supported Accommodation Approved List

The Lead Member is recommended to:

- 1) approve the establishment of the Children's Supported Accommodation Approved List; and
 - 2) delegate to the application evaluation panel authority to approve the appointment of providers onto the Approved List
-

1 Background

1.1 A Children's Supported Accommodation Framework (SAF) was launched in 2019, running for four years plus the option of a 2-year extension. The SAF has enabled two types of services to be commissioned: high-intensive supported accommodation for 16–21-year-old care leavers and 16/17-year-old young homeless children for whom East Sussex County Council (ESCC) has a duty to accommodate; and moderate to low intensive supported move on accommodation for 18-24 year olds transitioning to independent living. The SAF will expire in August 2023.

1.2 A new Children's Supported Accommodation Approved List (CSAAL) will be established in 2023 to replace the SAF.

1.3 As the value of the CSAAL is over £500,000, the award constitutes a Key Decision.

2 Supporting information

2.1 Currently 11 providers are registered on the SAF but only three have been successfully contracted to provide high-intensive supported accommodation within East Sussex for our most complex and risky care leavers, Unaccompanied Asylum-Seeking Children (UASC) and young homeless. Two providers have been commissioned to provide supported move on accommodation.

2.2 As demand for, and complexity of, children and young people's accommodation, care and support needs continue to grow, an increasing number of placements for 16+ have had to be sought from providers who are not on the SAF. These are directly awarded under Individual Placement Contracts, priced at point of referral. These placements represented 75% of all spend on high-intensive supported accommodation for 16–21-year-olds in 2021/22.

2.3 In addition, a growing number of younger Looked After Children (LAC) with increasingly complex needs have been at risk of being placed in unregulated provision due to a shortage in supply of appropriate high-intensive care placements for under 16s.

2.4 There is also a shortage of available social and private rentals for over 18s to move on to independent living, with or without some form of support depending on their needs.

2.5 The Government will be introducing mandatory national standards and Ofsted-led regulation for providers of supported accommodation for LAC and care leavers aged 16 and 17. Registration for regulation will commence in spring 2023, with inspections commencing from October 2023. All providers must have registered with Ofsted by October 2023 in order for ESCC to place 16 and 17-year-olds with them.

2.6 As reported to Lead Member on 26 September 2022, the new Children's Supported Accommodation Approved List (CSAAL) is scheduled to be launched in Spring 2023, to:

- take into account new regulatory requirements and ensure providers are compliant with them;
- attract new providers to help expand and diversify the market and improve sufficiency; and
- provide greater flexibility in the types of supported accommodation that can be commissioned for looked after children aged under 16, and 16/17-year-old care leavers, UASC and young homeless that ESCC has a duty to accommodate, and for 18+ who require extended support due their needs to help them transition successfully to independent living.

2.7 In addition, bringing all providers onto the Approved List, whether currently commissioned or directly awarded, will enable ESCC to have:

- a larger pool of Approved Providers who have been subject to full due diligence and an evaluation of both the price and quality of their service(s);
- greater control over the cost of placements; and
- a standardised quality, performance and contract management regime.

3 The Children's Supported Accommodation Approved List (CSAAL)

3.1 It is proposed that the CSAAL runs for 4+2 years to enable call-off contracts up to 4 year duration to be awarded and build in a review at 3years to ascertain the demand for and merits of extending the CSAAL for a further two years and, as appropriate, extend or recommission contracted services while a new commissioning framework is developed.

3.2 The CSAAL will enable the commissioning of high to moderate intensive:

- care placements for LAC aged 16 and younger;
- supported accommodation for 16/17-year-old LAC, care leavers, UASC and young homeless; and
- supported move on for 18–21-year-old care leavers, UASC and young homeless with enduring multiple complex needs to support them while they await a suitable social or private rental tenancy, successfully transition to independent living with or without some form of support, and to reduce the risk of homelessness.

3.3 All low intensive supported move on accommodation for 18+ care leavers, UASC and young homeless will be commissioned off the Adults Supported Accommodation Approved List (ASAAL).

3.4. Whilst the majority of placements will be demand driven, a number of block contracts would be issued via competitive tender to sustain a guaranteed minimum supply and greater stability of provision over a number of years. The indicative budget for the CSAAL has been calculated on the 2021/22 spend on Supported Accommodation Framework contracts for high-intensive provision, directly awarded contracts for high-intensive placements, and the estimated cost of placing under 16-year-olds into high-intensive 'care' placements based on predicted demand and cost. A 3% uplift per year has been factored in for potential inflationary increases and other cost pressures, but would not be automatically granted nor, if granted, given to all providers.

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Total
Under 16s	£1.872m	£1.928m	£1.986m	£2.045m	£2.107m	£2.170m	£12.108m
16-21s	£6.874m	£7.080m	£7.293m	£7.511m	£7.737m	£7.969m	£44.464m
Total	£8.746m	£9.008m	£9.279m	£9.556m	£9.844m	£10.139m	£56,572m
				£36.589m		£19.983m	£56,572m

4. Conclusion and reasons for recommendations

4.1 Although developments are in train to reduce the overall number of children and young people coming into care, current data and trends suggest that there will continue to be a notable cohort of 13+ aged LAC and care leavers who will require high-intensive care and support, for longer periods of time, and which for some will endure into adulthood.

4.2 The establishment of a new Approved List (CSAAL) to commission services from 2023 will contribute to the delivery of our sufficiency needs for this cohort by:

- Further developing and diversifying the market and placements within East Sussex;
- Enabling a wider range of placements to be commissioned and directly awarded;
- Bringing all providers within a single quality, performance, and contract management regime;
- Ensuring all providers of 16/17 year old provision meet Ofsted requirements;
- Enabling services to be commissioned and awarded for the best possible price.

4.3 The Lead Member is recommended to:

- 1) approve the establishment of the Children's Supported Accommodation Approved List; and
- 2) delegate to the application evaluation panel authority to approve the appointment of providers onto the Approved List

ALISON JEFFERY
Director of Children's Services

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LOCAL MEMBERS

All

BACKGROUND DOCUMENTS

None

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Report to:	Lead Member for Children & Families
Date of meeting:	27 February 2023
By:	Director of Children's Services
Title:	The extension of the Collaborative Partnership Agreement between East Sussex County Council (ESCC) and East Sussex Health Care Trust (ESHT) for the provision of 0–19 Early Help Service.
Purpose:	This report seeks agreement to extend the Collaborative Partnership with ESHT for 3 years until 31 March 2026

RECOMMENDATION:

The Lead Member is recommended to approve the extension of the Collaborative Partnership Agreement between East Sussex County Council and East Sussex Health Care Trust (ESHT) for the provision of 0–19 Early Help service for 3 years until March 2026

1 Background

1.1 The Health and Social Care Act 2012 sets out the statutory responsibility of local authorities to deliver and commission Public Health Services for children and young people aged 0-19 years. Commissioning responsibility for the Healthy Child Programme 0-5 (HCP) transferred to the local authority (ESCC), in October 2015. In April 2016, Health Visiting, the Family Keyworker Service and Children's Centre Services were brought together under an integrated management structure to provide services for families in East Sussex with children aged 0-5 years. The following link is Government guidance for [Healthy child programme 0 to 19: health visitor and school nurse commissioning](#)

1.2 The HCP offers every family an evidence-based programme of interventions, including screening tests, immunisations, developmental reviews, and information and guidance to support parenting and healthy choices. Its aim is to build healthy communities for families and children, reducing inequalities and vulnerabilities.

1.3 [The health visiting and school nursing service delivery model](#) and commissioning guidance was updated in May 2021. The Healthy Child Programme remains universal in reach continuing to set out a range of public health interventions to build healthy communities for families and children, reducing inequalities and vulnerabilities.

1.4 The updated model emphasises the health visiting and school nursing role as leaders of the Healthy Child Programme, whilst acknowledging the important contribution of a range of delivery partners.

1.5 Key changes to the model for health visiting include:

- A modernised delivery model that is Universal in reach – Personalised in response.

- The modernised HCP no longer uses the terminology of Universal, Universal Plus and Universal Partnership Plus, the language of the “4,5,6 model” has also been removed .
- In the new service model, the HCP is based on 4 levels of service – community, universal, targeted and specialist – depending on individual and family need.
- The commissioning guidance places further emphasis on the role of skills mixed teams in delivering the HCP, with a shift in language referring to health visiting, rather than “health visitor”.

‘Whilst both services should be led by health visitors and school nurses as Specialist Community Public Health Nurses (SCPHN), there will also be a skill mix within the team, including community staff nurses and nursery nurses. The determination of skill-mix required should be led by identified local health needs and underpinned by a robust workforce plan’

- The 5 mandated reviews remain the same, however two additional reviews are suggested at 3-4mths and 6mth, where needed. See Fig 1 below.

Fig 1 - Universal health and wellbeing reviews

Figure 1 describes universal health and wellbeing reviews and suggested contacts as part of overall support 0 to 5 years, detailing key aspects at the following stages:

- antenatal health promoting review
- new baby review
- 6 to 8 week review
- 3-month contact
- 6-month contact
- 1-year review
- 2 to 2 and a half year review



Figure 1. Universal health and wellbeing reviews and suggested contacts as part of overall support 0 to 5 years

1.6 The High Impact Areas provide an evidence-based framework for those delivering maternal and child public health services from preconception onwards. They are central to the health visitor model and have been refreshed to contain new evidence, policy and suggest additional material to support implementation in order to support maternal and family mental health. The high impact areas are listed below:

- supporting breastfeeding;

- supporting healthy weight and nutrition;
- improving health literacy and reducing accidents and minor illnesses;
- supporting health, wellbeing, and development; and
- ready to learn, narrowing the 'word gap'

1.7 In East Sussex, the 0-5 HCP is delivered as part of the Early Help Service delivered by ESCC and NHS professionals. Components of the service include:

- Health Visiting health clinics and home visits
- Keywork support
- Family groups at a Children's Centres/ Family Hub
- A volunteering programme (e.g., breastfeeding, peri-natal mental health)
- Training courses to improve life skills
- Support with child speech and language
- Antenatal support
- Parenting advice and courses

1.8 The full 0-5 offer for children and families is extensive and summarised in the Service Offer document (Appendix 1) and the Service Aims document (Appendix 2).

2 Commissioning Responsibility/Arrangements

Commissioning History

2.1 In 2016, following the transfer of Healthy Child Programme to ESCC and in response to the national and local Better Care agenda the existing standalone Health Visiting services model, based with ESHT was explored. A wide-ranging review of models of delivery for children services and comprehensive redesign process was undertaken. Work to establish a partnership agreement began in 2016 with an integrated 0-5 health visiting and children's centre service and the Partnership Agreement was established in April 2018.

Timeline

2013 - The responsibility for commissioning the HCP was transferred to Public Health as part of the Health and Social Care Act 2012.

October 2015 - Commissioning responsibility for the Healthy Child Programme 0-5 (HCP) transferred to ESCC.

April 2016 - A contract waiver agreed to allow service redesign and procurement. The service was partially integrated under an integrated joint management structure with ESCC Children's Services (Keywork and Children's Centre's),

July 2017 – The Children's Strategic Planning Group agree that a collaborative partnership with ESHT could be entered into for the provision of Health Visiting, Family Keywork and Children's Centres.

April 2018 - Collaborative Partnership Agreement commences.

April 2020 - Collaborative Partnership Agreement – renewed for 3 years

November 2022 – The Partnership group agreed further extension until 31 March 2026

Governance Arrangements

2.2 The Partnership Agreement is managed and overseen by the Partnership Group, comprising representatives from East Sussex Health Care Trust (ESHT), East Sussex County Council's Children's Services ("Children's Services") and East

Finance arrangements

2.3 Funding for the Healthy Child Programme 0-5 sits within the overall ring-fenced public health budget, and the current contract value is £7.8 million per annum

3 Service Delivery – Workforce Challenges

3.1 COVID-19 has had a significant impact on the Early Help service delivery. In February 2020, the service was nearly full staffed and was offering varied and flexible services that met population needs. It was generally achieving high performance against the mandated reviews and other Key Performance Indicators (KPI's).

3.2 In the early part of the pandemic Health Visitors (HVs) were seconded to the acute trust and some did then not return. Coupled with high early retirement rates and staff moving to less pressurised roles, this has led to a steadily increasing vacancy rate. Currently the vacancy rate for HVs is 52%. The drivers of this workforce change are not unique to East Sussex, with the recent report [State of Health Visiting, UK survey](#) and [Health visitor survey](#) highlighting the scale of the national challenge.

3.3 Despite the severe pressures during COVID-19, the service had demonstrated a very flexible and responsive approach. For example, adopting working remotely when possible but also keeping face to face contact with vulnerable families.

3.4 The service has developed a number of initiatives to maintain service delivery. This includes a recruitment & retention payment, increased student placements, extending skills mix and reducing workload via risk assessment. However, the capacity issues have led to the suspension of the formal antenatal contact and reduced performance against the time limits expected for other mandated reviews.

4 Partnership Agreement – Case for Renewal

4.1 The modernised HCP programme has presented opportunities to extend the skills mix and look at ways to effectively deliver the full HCP service to families within current constraints. It is expected that proposed change to skills mix and a more flexible delivery model under the new partnership agreement will enable service to return to full delivery of the programme.

The partnership believes that the existing model for commissioning and the integration of services under the Partnership Arrangement brings has a number of advantages as follows:

- It has joined up the Healthy Child Programme (HCP), the work of Children's Centres and the Early Years Foundation Stage (EYFS) childcare and early education agendas. For example, enabling the growth and development of the Early Communication Support Workers in Children's Centres as part of the multi-agency East Sussex Early Years Speech, Language and Communication Pathway.
- It has increased opportunities for collaborative work, streamlined services and reduced chances of children falling through the net.

- It has provided the mechanism through which capacity can be maximised in all three services, in a period where there has been a decrease in funding for Keywork/Children's Centres.
- The integrated service delivery support Family Hub and Start for Life developments as we have an established 0-5 workforce able to work flexibly across teams to provide the very best support to children and their families.
- It has increased opportunities to explore innovative ways of working with vulnerable families and young people. For example, the introduction of Video Interaction Guidance (VIG) Early Help Keyworkers (who are accredited VIG guiders or VIG guiders in training.)

5 Partnership Agreement Renewal – Next Steps

5.1 The Early Help service will be at the core of the delivery of developing Best Start Strategy and Family Hubs programme. It is proposed that the agreement is extended for a further three years until 31 March 2026.

5.2 The extension of the partnership agreement includes a review and refresh of the partnership agreement, to ensure it reflects current guidance and standards. This will be carried out jointly between Public Health, the Early Help service and ESHT, it includes staff consultation on updated delivery model and Standard Operating Procedures, consultation, and discussion with Key partners. This will include consideration of:

- Governance arrangements
- Aims and Outcomes
- Performance against KPIs and High Impact Areas
- The Scope of the services
- Current workforce challenges and potential service delivery redesign
- Contribution to the Early Intervention Agenda – including Family Hubs and Supporting Families
- Proposals and impacts linked to the Council's priority outcomes and other relevant strategic plans and policies
- Any previous Member involvement in the issue, including for example, previous reports and Council decisions.

5.3 Further details on the Schedule for the extension of Partnership Agreement can be found in Appendix 4

6 Supporting information

6.1 The original Partnership agreement was approved by Stuart Gallimore, Director of Children Services as Chief Officer

7 Conclusion and reasons for recommendations

7.1 Following review of the collaborative agreement by the partnership, for the reasons set out above, the Lead Member is recommended to approve the extension of the Collaborative Partnership Agreement for the provision of 0–19 Early Help service for 3 years until March 2026.

ALISON JEFFERY

Director of Children's Services

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BACKGROUND DOCUMENTS

None

Health Visiting Service Offer Summary				
	UNIVERSAL /LEVEL 1	UNIVERSAL PLUS /LEVEL 2	UNIVERSAL PARTNERSHIP PLUS/LEVEL 3	SAFEGUARDING /LEVEL 4
PARENTHOOD AND EARLY WEEKS	*Mandated reviews including; Antenatal, New Birth and 6-8 week review	Enhanced Antenatal offer in Hastings and Rother CCG and Eastbourne, Hailsham and Seaford CCG		
		Triple P one-to-one interventions		
		Incredible Years / Attentive Parenting groups delivered by Children’s Centre Keyworkers		
	*Advice and guidance	Sleep Support		
	*On-line information			
	*Child Health Clinics	VIG offered through integrated service (CCKW)		
	*Safer Sleep support	1:1 CNN interventions	Integrated work with Keywork	Integrated work with Social Care
	*Postnatal workshops			
MATERNAL MENTAL HEALTH				
	*Screening using Whole and GAHD 2 at each mandated review	Afterthoughts Counselling		
		Time for Me group		
		Listening visit interventions		
		Assessment using PHQ9 and GAD 7 and onward referral and signposting		

BREASTFEEDING/ INFANT FEEDING		
	*Infant Feeding assessments	Breastfeeding peer supporters
	*BFI level 3 accredited service	Infant Feeding Co-ordinators enhanced support
<div>Page 16</div> HEALTHY WEIGHTS		
	*Growth reviewed at each mandated review	HENRY (Healthy Exercise and Nutrition for Really Young) Group Interventions
		HENRY one-to-one interventions
	* Scales available at Child Health Clinics	Additional Growth reviews in response to need
		Balancability intervention (group/ one-to one)
	*Postnatal infant feeding workshop	

MINOR ACCIDENTS AND ILLNESSES	*Home safety discussed at each mandated review	Home Safety Checklist		
	*Immunisations discussed at each mandated review	ESFRS (East Sussex Fire and Rescue service) referral scheme		
	*A&E attendances reviewed			
	*Health Visitor prescribers			
HEALTHY 2 YEAR OLDS	*27-30mth mandated progress review integrated with Early Years setting	One-to-one Toileting interventions		
		One-to-one Triple P intervention's		
	*Dental Health Questionnaire completed at 1yr and 27mth review	Dental Health pack provided where need identified		
		Small Beginnings groups		

Early Help Service - Group Interventions

- Bump and Beyond/ Bump and Beyond Evening/ Bump and Beyond workshop
- BUMPS to Babies- Small Steps –Antenatal
- Post-natal workshop - Your developing baby
- Post-natal workshop - Living with your new baby
- Postnatal workshop – Henry introducing solid foods
- All Saints Drop-In Group
- Aquanatal Class
- Aquababes
- Postnatal Depression and Anxiety Group (with creche)
- Mindfulness Yoga (with crèche)
- Breastfeeding Peer Support Training
- Health, Exercise & Nutrition for the Really Young (HENRY) (with crèche)
- Family Cookery
- Balance ability

- Tasty Food on a Budget – Good food and nutrition for your family
- Family First Aid (with crèche)
- Beach School Workshop
- Toddler Talk
- Baby Signing
- Early Words
- Bookstart Corner
- Language through Play
- Story Sacks
- Small Beginnings
- Incredible Years Attentive Parenting/Pre School Basic
- Volunteer Level 2 Programme (with crèche)
- Get ready for Work
- Money Matters
- ESOL
- Building Confidence

One to One Interventions

- Afterthoughts Counselling
- Feeding Support 1-
- Balanceability 1--1
- Sleep Support 1-1
- Toilet Training Support 1-1
- Triple P Primary Care
- Video Interaction Guidance (VIG)

Antenatal Project

The service will deliver evidence-based ante-natal and post-natal groups to promote attachment, as part of enhanced Antenatal offer in Hastings and Rother CCG and Eastbourne, Hailsham and Seaford CCG. (Part funded by Hastings & Rother CCG Inequalities Project).

The programme is delivered as part of a team with the Specialist Ante-natal Health Visitor. The agreed programme includes a comprehensive Antenatal offer for young parents, Bump & Beyond Evening & Day courses & Bumps & Babies small step courses. In Hastings & Rother only this includes the delivery of Aquababes, Aqua natal and Mindfulness Yoga for targeted parents.

Healthy Active Little Ones (HALO) – East Sussex

- An innovative health improvement programme designed to build the capacity of Early Years Settings, including nurseries and childminders, across East Sussex.
- Upskilling the health improvement knowledge, confidence and skills/ practice of Early Years settings through the provision of commissioned training and interventions/resources
- Programme has now evolved from its initial childhood obesity focus to include a broader health improvement focus, relevant to East Sussex's Public Health key priority areas and the NHS High Impact Areas.
- This includes 1) Healthy eating, (2) Physical activity, (3) Social and emotional health and wellbeing (4) Independence in self-care and hygiene, (5) Oral health, (6) Speech, language and communication, (7) Immunisation and (8) Practitioner and Parent/carer health and wellbeing.

Appendix 2

Schedule 1 - Aims and Outcomes of the Partnership Arrangements

To improve outcomes for young children and their families through delivery of the 0-5 healthy child programme (HCP). The HCP delivery will focus on children aged 0–5 years and will be part of the broader Early Help service which works for children aged 0–19 with a focus on the most disadvantaged families. It will achieve this by:

- Working together to improve the health, wellbeing and care of children and families. This will include developing new pathways and ways of working which make the most efficient use of resources and improve outcomes for children and families.
- Working in partnership to develop services for children, parents and carers as part of the Family Hub approach and the 'The best start for life: a vision for the 1,001 critical days', including
 - Enhanced and improved offers for families relating to home learning, infant feeding, parent and infant relationships, peri-natal mental health, and parenting
 - Seamless support for families: a coherent joined up Start for Life offer available to all families
 - A welcoming hub for families: family hubs as a place for families to access Start for Life services
 - Digital, virtual and telephone offers providing the information families need when they need it
 - An empowered Start for Life workforce: to meet the changing needs of families
 - Continual improvement of the Start for Life offer through data, evaluation, outcomes, and proportionate inspection
 - Active engagement with local partnerships leading the change
- Working to promote the outcomes set out in the National Supporting Families Outcome Framework:
 - Getting a good education
 - Good early years development
 - Improved mental and physical health
 - Promoting recovery and reducing harm from substance use
 - Improved family relationships
 - Children safe from abuse and exploitation
 - Crime prevention and tackling crime
 - Safe from domestic abuse
 - Secure housing
 - Financial stability
- Working to promote health and development in the '6 high impact areas' for the early years 0-5 HCP¹
 - supporting the transition to parenthood
 - supporting maternal and family mental health

¹ <https://www.gov.uk/government/publications/commissioning-of-public-health-services-for-children>

- supporting breastfeeding
- supporting healthy weight, healthy nutrition
- improving health literacy; reducing accidents and minor illnesses
- supporting health, wellbeing, and development: Ready to learn, narrowing the 'word gap'

The Early Help Service is expected to:

- Make a significant contribution to giving children the best start in life - making a positive difference to the development of children, their school readiness and long-term resilience.
- Focus strongly on prevention, health promotion, early identification of needs, early intervention, and clear packages of support; by providing seamless, high quality, accessible and universal services.
- Safeguard families and children and recognise the needs of those in vulnerable groups. Offer targeted support to referred families with children 0-19 who are deemed to be level 3 on the Continuum of Need. Contribute to multiagency support for children who are subject to a child protection plan or who are looked after.
- Champion and advocate culturally sensitive and non- discriminatory services which promote social inclusion, dignity and respect and provide a unique, universal, unsolicited, and non-stigmatising service to all families with children aged 0 - 19
- Help families to be self-sufficient in their communities by providing differentiated early intervention and support to secure the behaviour change required to achieve that aim
- Operate as a well understood, highly regarded partner for a wide range of agencies working with families including maternity services, primary and secondary care, mental health service, early years settings and services, schools, and all partners on the East Sussex Safeguarding Children's Partnership; and
- Provide parents, Carers, and families with consistent, quality assured and evidence-based information using appropriate means

Overarching Outcomes of the Partnership Arrangements

The Partnership Arrangements will contribute towards a range of public health, wellbeing and troubled families programme outcomes including:

- Improving life expectancy and healthy life expectancy.
- Reducing infant mortality.
- Reducing low birth weight of term babies.
- Reducing smoking in pregnancy and at delivery.
- Improving breastfeeding initiation.
- Increasing breastfeeding prevalence at 6-8 weeks.
- Improving child development at 2 – 2.5 years.
- Reducing the number of children in poverty.
- Improving school readiness.
- Reducing excess weight in 4 – 5 year olds.
- Reducing tooth decay in children aged 5 years.
- Reducing hospital admissions caused by unintentional and deliberate injuries in children and young people aged 0-4 years.

- Improving population vaccination coverage.
- Improve steps to employment by; providing a volunteering programme and adult learning provision; promoting uptake of funded educational entitlement
- Increasing parent / carers' understanding of their child's learning and development.
- Improve children's speech, language, and communication development; and
- Improve community cohesion and community resilience by working in partnership with voluntary, independent, and statutory organisations.

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Schedule 4 - Governance

The 0-19 Early Help Partnership Group

Terms of Reference

1) Purpose of the Integrated Early Help Partnership Group (“Partnership Group”):

- To oversee the implementation, delivery and performance of the Partnership Arrangements to:
 - improve outcomes for children and families;
 - support greater integration and / or alignment of planning processes and service provision; and
 - achieve best value for money by using resources in the most effective manner.
- To oversee and agree changes or variations to the Collaboration Agreement.
- To have strategic oversight of the Partners contributions to the delivery of wider overarching outcomes.

2) Objectives

- The Partnership Group will scrutinise and review performance of the integrated service including (but not limited to):
 - Delivery against Performance Measures;
 - Outcomes;
 - Quality (Patient safety & experience);
 - Financial planning and monitoring;
 - Activity and productivity including operational efficiency and effectiveness;
 - Workforce; and
 - Information Management & Technology.

3) Governance arrangements: Accountability and Authority

- The Partnership Group will report on delivery & performance of the Integrated Service as well as any strategic issues to the East Sussex Children and Young People’s Health Oversight Board for final approval.

- Members of the Partnership Group will remain accountable via their own organisation and will report into the Internal Performance Review group (“IPR”) for ESHT and Senior Management Teams (“SMTs”) for Public Health and Children’s Services in the Council.

(*A governance structure chart is attached below)

4) Membership:

- Co -Chair: [Kathy Marriott](#), Assistant Director, Early Help and Social Care, ESCC
- Co -Chair: Kaia Vitler Divisional Director of Operations (Women, Children’s), ESHT
- Ben Brown , Consultant in Public Health, ESCC
- Simone Lane, Healthy Child Programme Commissioning Manager
- Celia Lamden, Head of Integrated Service
- Amanda Isted, General Manager for Acute & Community Paediatrics and Health Visiting, ESHT

Deputies can attend the meetings in the absence of the designated officer if they are of sufficient seniority to be able to take decisions on behalf of the Partner for whom they are representing. Other staff including finance, human resources and joint care (multi-agency) representation can be co-opted as required / appropriate.

Quorum - All five (5) members or their nominated deputies shall be required for a meeting of the Partnership Group to be quorate.

5) Meeting Arrangements:

- The Partnership Group will meet quarterly with dates for the meetings agreed for the year ahead.
- Papers for the meeting will be provided five (5) working days in advance of the meeting by the Council’s Authorised Officer
- The Council’s Authorised Officer shall be responsible for circulation of the meeting agenda (including agreeing the agenda with the Co-Chairs) meeting papers.
- Any other business for the meeting must be communicated to the applicable Co-Chair in advance of the meeting to guarantee time is allocated.
- The terms of reference and the membership of the Partnership Group will be reviewed at least annually or at the request of the Partnership Group members.

- Extraordinary meetings may be called to discuss urgent issues which cannot reasonably be deferred until the next regular meeting of the Partnership Group by agreement with the Co-Chairs. Such extraordinary meetings will normally be held within one (1) week of the request being received.
- The location and minuting of the meetings of the Partnership Group will rotate between ESHT and the Council.

Terms of Reference

1. Purpose of the Group

- To be responsible for the management of the Partnership Arrangements against the Performance Improvement Plan;
- To support staff to deliver high quality care and clinical outcomes for children and families;
- To work in partnership with local partners and parent / carers to improve the care experience;
- To support efficient resource management to benefit children and families, service delivery and financial sustainability; and
- To address key business and performance issues within the Integrated Service.

2. Objectives

- To support the Women's Children's and Sexual Health Division (WCSH Division) Quality Assurance and Governance group in raising issues around developing systems and activities that enable a culture of safety, accountability and continual quality improvement (including reporting, learning, and sharing good practice). To support the WCSH Division in raising issues around performance and business planning.
- To ensure that the Integrated Service is fulfilling its accountabilities in information sharing, performance monitoring, staff support and supervision and delivery of best practice to children and families.
- To act as a forum for cascading information, learning or reporting requirements emerging from the Quality & Governance Meetings and Senior Management Meetings to all teams. To raise issues around local policy, protocols, guidelines and action plans, in order to ensure these are consistent and to report significant variance to the unit for resolution.
- To receive exception reports from Quality & Governance; to discuss and coordinate cross county, to ensure equity of service. To discuss local exception reports around data collection and performance and cross county approach to ensure compliance.
- To identify service-wide risks and to escalate emergent themes or specific risks (and action planning) to either the Quality or Business Meetings as appropriate.

- To review trends within clinical incidents across the county in order to share learning from incidents between teams.
- To review trends in complaints and compliments across the county in order to share learning from these between teams. To support clinicians to engage parents and children as appropriate within service development and review caseloads / activity.
- To review workforce needs in terms of capacity, competency, leadership, learning & development and to escalate specific or strategic issues to either the Quality & Governance Meetings or Business Meetings as appropriate.
- To monitor clinical audit, surveys, evaluations and activity engaged in by teams and the WCSH Division. To monitor student work based learning projects to ensure that they are appropriate for service development and can be supported within the teams.

3. **Governance arrangements: Accountability and authority**

- The Integrated Services Operational Group (“Operational Group”) reports up to the Partnership Group through the Head of Service and other management team members as appropriate

4. **Membership**

- Head of Service (HOS)
- Area Managers (AM)
- Locality Managers (LM)
- Business Administrator (BA)
- Head of Nursing (HON)
- Named Nurse (NN)
- Early Years Advisor (EYA)

Co-opted: Other staff including joint care (multi-agency) representation as required / appropriate

Quorum: AM or HOS, HON, 2 LM; if AM all absent, at least 3 LM and 1 BA

6) **Meeting Arrangements:**

Frequency: Four weekly,

HOS will chair the Operational Group meetings unless delegated in her absence to an Area Manager.

- Any member of the Operational Group may arrange for the attendance, in a consultative capacity, of advisers with specialised knowledge of a particular subject on the agenda. Such attendance of advisers will be subject to the agreement of the Chair.
- Regular meetings of the Operational Group will be held not less than ten (10) times a year, during normal working hours, with interim meetings if considered necessary by the Chair.
- Items for inclusion on the agenda shall be submitted to the BA not less than seven (7) days prior to each meeting.
- The BA will be responsible for circulating the agenda to all members of the Operational Group not less than five (5) days before the meeting.

Extraordinary meetings may be called to discuss urgent issues which cannot reasonably be deferred until the next regular meeting of the group by agreement with the Chair. Such extraordinary meetings will normally be held within one (1) week of the request being received by the Council's Authorised Officer.

Minutes:

- The BA will ensure that minutes of the meetings are distributed within two (2) weeks of each meeting. The minutes will be presented for confirmation at the next meeting.
- Minutes of the meetings will be stored on the B drive with confirmation to each member of the group by email.

Review: These Terms of Reference are subject to review annually and as organisational changes take effect.

Confidentiality: Any confidential papers will be identified as such, bearing in mind the wider circulation of the papers. Separate confidential minutes will be maintained, where necessary, for staff, patient, or other necessary consideration of confidentiality.

Wider Governance Structure for the Delivery of the Early Help ,
0-19 Partnership

ESBT
Integrated
Strategic
Planning Group

ICB

ESCC

C4Y
Board

Children and Young People
Health Oversight Board

Internal
Performance
Review group (IPR)
ESHT

The Early Help Partnership Clinical
Governance & Performance Group

Senior
Management Team
(SMT) Children
Services ESCC

Senior
Management Team
(SMT)Public Health
ESCC

Women's Children's
and Sexual Health
Division Quality
Assurance and
Governance Group

Health Visiting and Children's Centres
& Family Keywork
Integrated Services Operational
Meeting

Early Help & Social
Care Group ESCC

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Appendix 4

Schedule for Extension of Partnership Agreement - November 2022

Section	By whom	Timescale	Comments
Contractual Section	ESCC Lead Amy Wilkinson /ESCC legal ESHT contracts – Lauren Bronson	End of February	Review of care overarching documents . No significant changes
Schedule 1 - Aims and Outcomes/Overarching Outcomes of the Partnership	Celia Lamden Ben Brown Simone Lane	Sign off Partnership Group January 30th	Updated to reflect most recent strategic priorities
Schedule 2 - Scope of the Service			
Introduction and Service Summary – Update to reflect latest guidance and priorities	Simone Lane	Mid-February	Initial review Celia Lamden /Ben Brown. Circulation Partnership Group/ within Early Help Service/Key Partners
Objectives- Update to reflect latest guidance and priorities	Simone Lane	Mid-February	Review Celia Lamden /Ben Brown Circulation partnership group/ within Early Help Services/Key partners
Core Service Offer Health Core delivery Model - To include updated SOP and Interventions Directory	Celia Lamden /Simone Lane	End of February	Internal service staff consultation ESHT discussion Wider stakeholder group Partnership Group

High Impact Area Offer Perinatal MH & Infant/Parent Relationships Breast feeding/infant feeding initiative VIG Infant Wellbeing Project	Simone Lane/Celia Lamden/ Becky Cotterill	End of Feb	Review Ben Brown/Celia Lamden Internal High Impact Workshop Feb Partnership Group
Home Learning Environment Early Language Support Early Years Practitioners HALO	Simone Lane / Celia Lamden/ Carole Sommers	End of Feb	Review Ben Brown/Celia Lamden David Bishop HALO Consult Key Partners Partnership Group
Community Team Children's Centres Volunteering Family Learning	Celia Lamden/Julie Powell/ Simone Lane	End of Feb	Review Ben Brown/Celia Lamden Internal High Impact Workshop Feb Partnership Group
Family Keyworkers 0-19 SPOA	Celia Lamden/ Fay / Colin Edgley Fay	End of Feb	Update to most recent delivery models
Digital Offer	Celia Lamden/ Tina Pelini	End of Feb	Discussion via HUBS group
Service Standards <ul style="list-style-type: none"> Population Covered by Integrated Service Acceptance and Exclusion Criteria for the Integrated Service Single Point of Advice 	Simone Lane	End of Feb	Update and Review Celia Lamden

('SPOA') and Safeguarding <ul style="list-style-type: none"> • Location of services within the Integrated Service • Management of the Integrated Service • Supervision • Revalidation • Employment and training • Record keeping, data collection system and information sharing • Serious incident reporting • Service user / patient involvement 			
Schedule 3 – Budgets and Assets Part A ESHT Part B ESCC Part C Assets Part D Premises	Simone Lane/Lauren Bronson/Natali Comely/Celia Lamden Jo Goldfinch Premises Tim, Vicki, Kaia, Natali, Celia	End of February	No significant change to budget arrangements Will need further agreement re premise cost as significant change since previous agreement Finance with ESHT February 8 th Premise meeting with ESHT February 27th
Schedule 4 – Governance	Celia Lamden Ben Brown Simone Lane	Sign off Partnership	

		Group January 30th	
Schedule 5 – Performance Management Framework	Simone Lane /Celia Lamden KPI end of Feb Geoff/Tina / Jo ?Carly	End of February	Waiting for Hubs programme Performance Framework Consultation Kaia Vitler and Lauren Bronson ESHT
Schedule 6 – Staffing Part 1 - Joint Protocol on Management of Staff Part 2 - Supervision arrangements for Health staff Part 3 - Supervision Policy ESHT Part 4 - CS Staff Supervision policy	Celia Lamden	End of February	Update and Review Celia Lamden
Schedule 7 –Policies and Procedures Part 1 - East Sussex Children’s Centre Safeguarding Policy Part 2 - Serious incident policy valid from July Part 3 - ESHT serious incident policy Part 4 - East Sussex County Council (ESCC) incident reporting policy	Celia Lamden	End of February	Update and Review Celia Lamden

Part 5 - Information sharing protocol ESHT and ESCC Part 6 - Privacy impact assessment HV CC Part 7 - Code of conduct – employees Part 8 - Conflicts of interest – ESHT Part 9 – ESHT Information Governance Strategy and Policy			
Schedule 8 – Exit Management	ESCC Lead Amy Wilkinson ESHT contracts – Lauren Bronson	End of February	

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