

Appendix 3

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

