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Direct 01522 552107
Dialling:

E-Mail rachel.wilson@lincolnshire.gov.uk

PARTNERSHIP NAME: Children and Young People Strategic Partnership
MEETING DATE: Monday, 24 February 2014
MEETING TIME: 2.00 pm
LOCATION: The Showroom, Tritton Road, Lincoln LN6 7QY

AGENDA

Item	Title	Purpose	Pages
1	Apologies for Absence		
2	Minutes of the meeting held on 11 December 2013		1 - 8
3	CYPSP Chair Comments		Verbal Report
4	LSCB Chair Comments		Verbal Report
5	Sub Group and Action Group Updates:		
5a	Lincolnshire Participation Action Group (LPAG)		To Follow
5b	Children and Young People's Voluntary Sector Forum (CYPVSF)		Verbal Report
5c	Child Poverty		
5d	Youth Housing		
5e	Childhood Obesity		
5f	Early Help Offer		
5g	Support and Aspiration		

5h	Raising the Participation Age (RPA)/Vulnerable Learners Group	
6	Early Help and TAC	9 - 30
7	Sustainable Services Review	Verbal Report
8	LCC and CCG Commissioning Governance	31 - 64
9	SEND Reforms Update	
10	CQC Inspection	To Follow
11	Core Education Offer to Schools	Verbal Report
12	Work Programme <i>(To receive an update from David Ashcroft, CYPSP Chairman)</i>	Verbal Report
13	Reports for Information only <i>(None received)</i>	

Distributed on 14 February 2014



**CHILDREN AND YOUNG PEOPLE
STRATEGIC PARTNERSHIP
11 DECEMBER 2013**

PRESENT: DAVID ASHCROFT (CHAIRMAN)

Tracy Aldrich (North Kesteven District Council), Malcolm Barham (YMCA), Debbie Barnes (Executive Director for Children's Services), Vindi Bhandal (South West Lincolnshire Clinical Commissioning Group), Rachel Boothby (Lincolnshire Parent Partnership Service), Stuart Carlton (Assistant Director Children's Services), Chris Cook (LSCB), Michael Follows MBE (Lincolnshire Schools' Forum), Denise Hornsey (public Health - Children's Health, Lincolnshire County Council), Linda Houtby (Grantham College), David McWilliams (Head of Performance Assurance, Lincolnshire County Council), Samantha Neal (East Lindsey District Council), Joanna Riddell (West Lindsey District Council), Chris Seymour (Head Teacher – representing Special Schools), Lynn Smith (14 – 19 Manager, Lincolnshire County Council), Phil Taylor (Youth Housing Co-ordinator), Pamela Townsend (Secondary Schools) and Rachel Wilson (Democratic Services).

25 APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Mrs P A Bradwell (LCC), Jill Hodges (CfBT), Martyn Taylor (Thomas Crowley High School), Richard Cumbers (LCC), Tracey Blackwell (SKDC), Andy Payne and Karen Parsons.

It was commented that health colleagues still needed to be encouraged to attend the meetings. The LSCB Chair commented that he had recently attended a Health Steering group and it was hoped that this situation would be reviewed.

26 ACTION POINTS OF THE STRATEGIC PARTNERSHIP DEVELOPMENT DAY

David McWilliams, Head of Service (Children's Services) provided the Partnership with an update of the action points of the Strategic Partnership's Development Day which had been held on 7 October 2013.

Some of the points raised included the following:

- The Children's Poverty Action Plan would be going to the County Council's Children and Young People Scrutiny Committee and the Health and Wellbeing Board for approval. It was noted that there was already a lot of work taking place through other processes, in order that it would help people to realise how other work could impact on child poverty. A workshop had been held in March 2013 and all relevant leads in this area had been invited;

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- There was a need to agree some indicators that demonstrated progress was being made, which could then be scrutinised by this Partnership;
- It was highlighted that ELDC had not been copied into any of the correspondence regarding the Child Poverty work. For information, members were advised that Rebecca Allen was the Lead Officer on this area of work for LCC. District councils should be linked into this work through this Partnership. It was noted that Lincoln City and Boston Borough had commissioned a task and finish group to look into this issue;
- The Strategy had gone through the County Council's democratic processes, and so districts and other partners could decide whether they wanted to take it through their own democratic processes;
- It was felt that development days had not been as well attended as they could be, which was disappointing as members who did attend found them very useful;
- Additional resources had been allocated to increase the website presence and to ensure that more information was available online;

27 CYPSP CHAIRS COMMENTS

There were no CYPSP Chair comments, as this was the first meeting attended by the new Independent Chair, David Ashcroft. However, it was requested that this item stay on the agenda in the future.

28 LSCB CHAIRS COMMENTS

The Partnership received an update from Chris Cook, Chair of the Lincolnshire Safeguarding Children Board:-

- Lincolnshire was anticipating an inspection by Ofsted in mid-January 2014. Five authorities were currently being inspected and it was hoped that some feedback would be received prior to Lincolnshire's inspection;
- An extraordinary meeting of the LSCB was being held the following day, where the budget would be set;
- The Police had increased their resources for dealing with cases of child sexual exploitation, and new groups were being formed nationally to deal with this issue. This was a big issue for the government and they were responding positively and it was high on the political agenda;
- The Chair of the LSCB had met with the Chair of the Child Death Overview Panel the previous day. It was reported that there had been 4 child suicides, and possibly a fifth, in the previous 18 months. A national database was being formed to help identify trends;
- A serious case review would be published in January 2014, and some media attention was expected in relation to this, a media strategy would be planned;

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- An information sharing protocol was in the process of being developed to aid the several groups which were in existence to look at children's and adults issues;
- The development of the Multi-Agency Safeguarding Hub (MASH) was taking some time, as there were several different models in use around the country, and partners were trying to find one which would be most suitable for Lincolnshire;
- Work was taking place regarding the trafficking of children and adults. DS Rick Hatton was leading a group in this area of work;
- It was queried whether there were any further details regarding the conference regarding legal highs which had been mentioned in the minutes of the previous meeting. Dave Wood and Sara Barry were working on putting together a day on this for a multi-agency group;
- In relation to information sharing, the Chair of the Families Working Together group expressed frustration that they were not able to share information with health colleagues. It was noted that issues around information governance were already being looked into;

29 LSCB BUSINESS PLAN

Consideration was given to the Lincolnshire Safeguarding Children Board's Business Plan. A copy of the Business Plan had been circulated to members of the Partnership prior to the meeting.

Chris Cook, Chair of the LSCB guided members through the Business Plan and highlighted that e-safety was becoming more of an issue and education and prevention in this areas was also becoming more important.

It was also noted that the sub-group structure was being reviewed as it was thought that there were too many, and there was a need to streamline this structure.

Members of the Partnership were provided with the opportunity to ask questions to the officers present in relation to the information contained within the document and some of the points raised during discussion included the following:

- The report was very good and very clear and understandable;
- There was a need for the LSCB to develop its audit capabilities, and it was hoped that the new business manager, who was due to start in post in the new year would help to achieve this;
- There was a continuing dialogue between the CYPSP and the LSCB;
- Implementation would be driven by this Partnership and would be held to account;
- E-safety was an issue for young people, but also for vulnerable adults as well as those adults who work with young people. Those that either ignored the issue or did not understand it were the 'hard to reach' groups for e-safety'. There was a need to think about how parental awareness of this issue could be increased;

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- In relation to child deaths, was it known what they were accessing online, or could that be looked into? It was noted that there were limited resources for work into this area, with only one member of staff for the whole of the county dedicated to this issue;
- It was suggested that an effective use of the education network could be used to access parents through school staff, possibly through parent evenings;
- There could be an opportunity to obtain money from the Police & Crime Commissioner's budget which could be used to increase the relationship between communities and PCSO's;
- Some children were reporting that they were feeling more vulnerable about their online accounts being hacked;
- It was commented that e-safety was an issue which should be highlighted as a Partnership concern;
- It was requested whether a copy of the draft minutes could be made available prior to the meeting of the Lincolnshire Schools' Forum being held on January 2014;

RESOLVED

That the LSCB Business Plan presented be noted, and that the comments raised be noted.

30 SUSTAINABLE SERVICES REVIEW

Debbie Barnes, Executive Director Children's Services provided an outline to the Partnership of Phase One (Blueprint) of the Lincolnshire Sustainable Services Review.

There were two significant drivers for the review of health services which were Lincolnshire was one of the 14 areas highlighted in the Keogh review as having unacceptable mortality rates. There would be arrangements put in place to monitor clinical safety. Also, if nothing changed, in five years there would be a deficit of £100million;

It was noted that there were four main theme areas in the Review, which were as follows:

1. Proactive Care – this was primary care, and care and support across the health and social care sector;
2. Reactive Care – this included accident and emergency services;
3. Elective Care – hospital interventions;
4. Women's and children's care

The document contained strategic messages to enable the existing model of care to be reshaped in order to provide better services. The blueprint queried whether community hospitals could play a bigger role to prevent people having to travel for specialist care. It was also noted that there was a need for a rationalisation of specialist services.

In terms of Women's and Children's Services a consolidation of obstetrics, midwifery, paediatrics and neonatal care was proposed, with an introduction of neighbourhood teams and more integrated working.

The Review proposed clear governance arrangements towards the commissioning of these services. It would require a significant and radical change.

The Blueprint had been considered by various organisational boards including the Health and Wellbeing Board and the County Council's Executive and it had been agreed to move to Stage 2 – the detailed planning of the model. It was planned that this would start in January 2014, and a range of options would be produced which would then go out to formal consultation.

It was queried that as there would be a major change to the number of services, what impact would there be to safeguarding? It was noted that this review would be added to the risk register to monitor.

It was also suggested that this should be a standard item on the agenda to enable the Partnership to monitor the progress of the Review.

RESOLVED

That the update and comments made be noted.

31 ACTION GROUP UPDATES:

(a) Lincolnshire Participation Action Group

No update was received in respect of this item.

(b) 14 - 19 Partnership (RPA)

The Partnership received an update from Lynn Smith with regard to the 14-19 Partnership (RPA), which made reference to the following issues:

- Over the last two years, the focus had been on raising the participation age, and this had been implemented in September 2013. Officers had been working closely with schools to identify those children who are risk of not participating;
- Young people now had a duty to participate in learning until the age of 17;
- 2013 saw an increase of 1.5% in young people participating in learning, and a reduction of those who were NEET (Not in Education Employment or Training);
- The Careers Service was working to engage with those young people classed as NEET to identify any barriers which prevented them from learning;
- It was early days, but it was thought that an improvement in those participating in education would be seen. However, on-going work was taking place;
- It was being considered whether a change of focus was required as the LEP (Local Enterprise Partnership) had improving skills and training on its agenda.

A discussion would take place in January 2014 on whether the Group needed to refocus;

- Whilst a small success was being seen it was important to continue to work with those young people who did not engage and to understand why they were not engaging, and what could be done to encourage them to engage and to support them;
- It was noted that there were resourcing issues around young people who did not engage as they required significant amounts of help and support and staff did not always have the capacity to help them as much as they wanted to;
- It was noted that the 'unknowns' had reduced from 6.19% to 4.93%, and the NEETs had reduced from 2.71% to 2.65%;
- Lincolnshire did have a very good participation rate for 16 and 17 year olds, and from an RPA point of view the situation was looking better;
- A significant amount of funding for training and skills would be channelled through the LEP;
- There was a need to engage with the LEP around skills priorities;
- It was suggested that this might also be an issue that the Partnership wanted to keep on its agenda;
- It was queried what impact the proposed welfare reforms would have on this as it was noted that young people without English and maths qualifications would be required to gain these qualifications or risk losing their benefits. It was suggested that this could be a substantive item on a future agenda;

RESOLVED

That the update and comments made be noted.

32 HOUSING STRATEGY

Consideration was given to the Housing Strategy, a copy of which had been circulated to the Partnership prior to the meeting.

The Partnership received a presentation from Phil Taylor, Youth Housing Co-ordinator, which provided members with further information in relation to the following areas;

- December Update
- Lincolnshire Youth Housing Strategy 2013-2018
- Objectives and Action Plans
- Update to CYPSP
- Key actions already underway

Members of the Partnership were provided with the opportunity to ask questions to the officers present in relation to the information circulated and some of the points raised during discussions included the following:

- Officers would be keen to get access to all schools, and were due to attend the next Head Teachers briefing;
- There may be an opportunity to tie in legal highs into the work with schools;

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- It was queried why young people presenting themselves as homeless were recorded as an 'unknown' reason. It was noted that SHDC had 182 young people recorded as 'unknown'. It was acknowledged that it was important to have accurate data capture;
- The aspiration was to not have any 'unknowns' listed. When a person presents it was important to have a clear idea of why they were at risk of becoming homeless;
- There was a budget of £1.3m in relation to young people's housing and homelessness. This budget would be managed through Public Health;
- Housing providers were happy to change the accommodation which was provided as long as the funding was in place;

RESOLVED

That the Housing Strategy and the comments made be noted.

33 EARLY HELP OFFER, STRATEGY AND IMPACT ASSESSMENT

Consideration was given to the Early Help Offer, Strategy and Impact Assessment, a copy of which had been circulated to the Partnership prior to the meeting.

Stuart Carlton, Assistant Director Children's Services, presented the Early Help Offer, Strategy and Impact Assessment, and some of the points highlighted to the Partnership included the following:

- This was a live document and would be continually updated if there was any service that it was felt that was missing;
- Families working together was still an objective that needed to be filled out;
- An Early Help Steering Group which would be responsible for reviewing and implementing the new system of assessment which been set up. The group had so far met 1 ½ times and Stuart Carlton had been elected as Chair of this group;
- A project manager and practice supervisor had been appointed and a joint paper with the Schools' Forum was being worked on;
- A template had been agreed which would mean that information could be received from other areas;
- The membership was always open to the CYPSP, and more engagement from the schools sector was requested. It was requested that members took this request back to their own organisations, and a response as soon as possible would be appreciated;
- The next phase of the Families Working Together scheme would take place between 2015-2020 and would involve 400,000 additional families nationally;
- It was noted that in relation to families working together, it would be nice if those families which had made significant progress were recognised even if they had not made the progress required for the government to provide the reward money;

RESOLVED

That the information presented and the comments made be noted.

34 CHILDREN AND YOUNG PEOPLE'S PLAN

(Note: Mr M Follows left the meeting at 3.55pm)

Consideration was given to the Children and Young People's Plan, a copy of which had been circulated to members of the Partnership prior to the meeting.

The partnership was provided with an update on the Children and Young People's Plan, and it was reported that a final version would be circulated in the New Year so partners could share it within their own organisations. It was also noted that it would be going through the Council's internal scrutiny processes.

Members of the Partnership were provided with the opportunity to ask questions to the officers present in relation to the Children and Young People's Plan and some of the points raised during discussion included the following:

- The Children and Young People's Voluntary Service was funded by a grant from LCC and it was important that it was included in the commissioning process;
- It was requested that if there were any comments on the Plan to e-mail them to either David McWilliams or Zania Stevens;
- It was queried whether the rise in referrals in terms of safeguarding mentioned on page 27 of the plan was positive or negative, and it was thought that this needed to be made clearer;

RESOLVED

That the Children and Young People's Plan and the comments raised be noted.

35 CYPSP TERMS OF REFERENCE

The Partnership received a copy of the CYPSP Terms of Reference for information.

It was noted that the Chairman would liaise with David McWilliams regarding the future meeting dates.

The meeting closed at 4.15 pm

Agenda Item 6

Report Title

Progress Report to Children and Young People's Strategic Partnership (C.Y.P.S.P.) from Early Help Steering Group (E.H.S.G.)

Report Author

Paula Whitehead, Manager for Team Around the Child (TAC)

Date to C.Y.P.S.P.

24th February 2014

Purpose of Report

The purpose of this report is to update CYPSP on developments within Team Around the Child

DRAFT

1. Background and Context

In August 2013, CYPSP received a report from Local Safeguarding Children Board (LSCB) following their multi-agency audit of Team Around the Child (TAC) cases. The report made the following recommendations to CYPSP, all of which were accepted:

- Children and Young People's Strategic Partnership (CYPSP) to establish a multi-agency TAC Steering Group to deliver the recommendations from this audit
- CYPSP to establish a mechanism for effective quality assurance of the TAC process
- CYPSP to review recording arrangements and amend all paperwork used for TAC processes
- CYPSP to make recommendations to agencies on expected standards of case supervision for TAC
- CYPSP to ensure sufficient resources are available so that practitioners have access to advice and challenge
- CYPSP to ensure the voice of the child is heard in all assessments, plans and reviews.

CYPSP has given responsibility to the multi-agency Early Help Steering Group, to move these actions forward, and an update on progress can be found below.

2. Progress Report

Children and Young People's Strategic Partnership (CYPSP) to establish a multi-agency TAC Steering Group to deliver the recommendations from this audit

To fulfil this requirement, the Early Help Steering Group (EHSG) has been established as a multi-agency working group to drive TAC improvements. It has also been agreed that this group should have oversight of other Early Help workstreams. The Terms of Reference for this group are attached at Appendix a, and the Implementation Plan is attached at Appendix b.

Lincolnshire County Council Children's Services have established a new Central TAC Team to assist the EHSG in its work.

CYPSP to establish a mechanism for effective quality assurance of the TAC process

Lincolnshire County Council, in partnership with the Schools' Forum, has agreed joint funding for four new posts within the Central TAC Team. These Early Help Consultant posts will be responsible for providing advice, support and challenge to agencies and Lead Professionals; for providing case supervision to Lead Professionals within schools and academies; and for carrying out Quality Assurance processes. The Consultants are expected to come into post during April 2014, and Quality Assure at least 50 TAC cases per month. The process and template for this Quality Assurance will be agreed by the EHSG in March.

CYPSP to review recording arrangements and amend all paperwork used for TAC processes

The Early Help Steering Group has agreed a draft template for a new Early Help Assessment (EHA), and guidance to support this. This has been out to consultation with all CYPSP and LSCB partners, both managers and practitioners. The consultation received 20 individual, and 5 group responses, all of which have been reviewed by the EHSG. The responses were generally positive and supportive of the new approach. The consensus was that the new documentation was clear, and more 'user friendly' for practitioners, and children, young people and families. The draft template for the EHA is attached at Appendix c; and this is currently being updated in light of the consultation responses. This, and all of the supporting TAC documentation, including the TAC Handbook will be rewritten and presented to the Early Help Steering Group in March. It is expected that the new paperwork will be ready for implementation in April 2014.

Initial multi-agency briefing sessions will be held as per the programme attached at Appendix d; and thereafter a rolling programme will be delivered.

CYPSP to make recommendations to agencies on expected standards of case supervision for TAC

As described above, additional posts are being created to support improved supervision within schools and academies. Draft standards for all agencies will be developed and presented to the Early Help Steering Group at their next meeting.

CYPSP to ensure sufficient resources are available so that practitioners have access to advice and challenge

All partners are expected to have reviewed their own arrangements; and as described above both LCC and Schools' Forum have committed resources to increase access to advice and challenge. Within the Local Authority, as well as the provision of Early Help Consultants to advise on open TAC cases; Early Help Advisors will be available within Customer Service Centre (CSC), to advise partners on existing or potential safeguarding cases.

CYPSP to ensure the voice of the child is heard in all assessments, plans and reviews.

All agencies are expected to have reviewed their own recording and processes to ensure that the voice of the child is evident. The new EHA and associated paperwork are being developed using the Signs of Safety Methodology (briefing paper attached at Appendix e). This methodology has an international, and national, evidence base in basing all assessment, planning and intervention on the voice of the child, young person and family. Moreover, Early Help Consultants will offer multi-agency reflective practice sessions to continue to improve practice in this area.

3. Current Priorities

The current priorities within the TAC workstream are included in the Implementation Plan attached at Appendix b. These relate to restructuring of staffing provision to meet the duties described above; and the development of improved processes and paperwork. Also included within the Implementation Plan, is provision for Quality Assurance, and evaluation of the impact of these new arrangements. All Quality Assurance and Evaluation reports will be presented to the Early Help Steering Group, CYPSP and LSCB.

4. Recommendations to C.Y.P.S.P.

- ✓ CYPSP accept this paper as fulfilling EHSG accountability requirements.
- ✓ CYPSP continue to support their agencies' involvement in the EHSG and its associated workstreams

5. Appendices

- a) Early Help Steering Group Terms of Reference
- b) Team Around the Child Implementation Plan
- c) Draft Early Help Assessment
- d) Programme of Initial Multi-Agency Briefing Sessions
- e) Signs of Safety Briefing Paper

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Lincolnshire Early Help Steering Group **Terms of Reference**

Aim

To develop and co-ordinate actions, in order to improve the quality and integration of Early Help in Lincolnshire.

Accountability

This Steering Group will be accountable to Lincolnshire's Children and Young People's Strategic Partnership (CYPSP).

Responsibilities

This Group will be responsible for the review of Team Around the Child (TAC); and will have strategic oversight of other areas of development in the Early Help agenda as follows:

- Multi-Agency Safeguarding Hubs (MASH)
- Signs of Safety implementation
- System for risk management of risky adolescent behaviours
- Embedding Families Working Together model.
- Readiness for School Offer
- Youth Offer
- Support and Aspiration Offer for children with Special Educational Needs or Disabilities.

The group will receive regular updates from named Lead Officers on each of these workstreams and provide support and challenge in order to secure continuous improvements.

Membership

Membership will be one member from each of CYPSP partner agencies, in particular:

- Lincolnshire County Council (LCC) Targeted and Specialist Children's Services
- Public Health
- Lincolnshire Community health Services (LCHS)
- United Lincolnshire Hospitals Trust (ULHT)
- Lincolnshire Partnership Foundation Trust (LPFT)
- CfBT Special Educational Needs Team
- Early Support Co-Ordination Service (ESCO)
- Birth to Five Service
- Children's Voluntary Sector Forum
- Lincolnshire Police
- LCC Commissioning Department
- Lincolnshire Police
- Lincolnshire Schools
- Early Years settings consultation group
- Lincolnshire Teaching and Learning Centre

The Chair will be agreed by the Group at its first meeting, and reviewed annually thereafter.

For the group to be quorate there must be 2 agencies plus the Chair present.

The Chair of the Panel will invite additional members to meetings as determined by the workplan.

The Manager for Team Around the Child will attend as an adviser.

Member Responsibilities

- To attend all meetings or nominate a deputy to attend.
- To read all papers prior to the meeting.
- To contribute to the design and delivery of the Group's Workplan.
- To consult with, and disseminate information to staff within their own agency.
- To monitor and evaluate the impact of Workplan, and any other actions in regards to Early Help development.

Meetings

Meetings will be held monthly for the first six months, and then the frequency will be reviewed. Meeting duration will be maximum of 2 hours, and venue will be provided by Lincolnshire County Council (LCC) Children's Services.

Administration

Meetings will be organised, minuted and papers distributed by an administrator provided by LCC Children's Services.

Papers will be emailed to members at least 5 working days prior to the meeting.

Outcomes

As a result of the work of the Steering Group, the children, young people and families of Lincolnshire will experience:

- ✓ Consistency and co-ordination of Early Help services
- ✓ Clarity of service offer available
- ✓ High quality delivery of Early Help services
- ✓ Smooth and appropriate transition between services

Implementation Plan for Developments to Team Around the Child (TAC) 24/1/14

Process Development				
<u>Actions</u>	<u>By whom</u>	<u>By when</u>	<u>Comments/Update on progress</u>	<u>RAG</u> Red = significant concerns Amber = some concern Green = on track
EHSG Meetings organised and administered	Paula Whitehead/Sarah Rose	Monthly to end March 2014, then bi-monthly	Meetings to end March – dates and venues booked. Administrative support in place. Good representation secured.	
EHSG agree workplan	Stuart Carlton/Paula Whitehead	January 2014	Complete	
DMT and Schools' Forum proposals developed and agreed	Stuart Carlton/Cornelia Andrecut/Paula Whitehead	January 2014	Papers have been produced. Schools' Forum proposals agreed. DMT endorsed proposals 28/1/14	
New assessment, and guidance drafted	Paula Whitehead	By 24/1/14	Complete	
Consultation on new documentation	Paula Whitehead	From 24/1/14 to 14/2/14	New EHA and associated guidance has been sent out to Early Help Steering Group, Heads of Service, Signs of Safety Champions and Local Safeguarding Children Board.	
Training/ Communication Plan produced	Paula Whitehead/John Darby	By 14/2/14	All localities have agreed dates for March briefing sessions. Plan on track to be completed by due date. On agenda for EHSG	
Full implementation plan produced	Paula Whitehead	By 7/2/14	Complete	
Amendments to documentation following consultation	Paula Whitehead/John Darby	Week commencing 17/2/14	Discussed at EHSG on 7/2/14 and amendments agreed. Will be actioned within timescale.	
All information on TAC website revised and updated	TBC	By end February 2014	To commence once EHA finalised, but all documents have been reviewed and updates have commenced as far as possible.	
Electronic SAF replaced	TBC	April 2014	Not addressed with relevant team yet	
Delivery of training/awareness raising	Paula Whitehead/John Darby	February and March 2014	Schedule of dates and venues being booked. Support from Locality Teams secured.	
Early Help Conference	Paula Whitehead/John Darby	July 2014	Date, venue and programme discussed at EHSG. Detailed plan to go to EHSG in March.	
Full implementation	Paula Whitehead/John Darby	April 2014	Timings to be reviewed on an ongoing basis.	
Evaluation and review activity	Paula Whitehead/John Darby	April 2014 onwards	Schedule as below to be agreed by EHSG.	

Human Resource Issues				
<u>Actions</u>	<u>By whom</u>	<u>By when</u>	<u>Update on progress</u>	<u>RAG</u> Red = significant concerns Amber = some concern Green = on track
Analysis of current roles and structures	Paula Whitehead/John Darby	End January 2014	Team Manager and Practice Supervisor have met TAC Co-Ordinators and their managers as a group; and individually to review the role. This data has been analysed to inform consultation document. Complete.	
Links made to other related development proposals to ensure cohesion	Roz Cordy/Paula Whitehead	End January 2014	Paula has had discussion with Roz regarding creation of Early Help Advisor role. Therefore this action is complete.	
DMT and Schools' Forum proposals developed and agreed	Stuart Carlton/Cornelia Andrecut/Paula Whitehead	January 2014	Complete	
Job Description for Senior TAC Co-Ordinator and Early Help Consultants prepared	Paula Whitehead/John Darby	By end January 2014	Complete	
Job evaluation process for new posts	Paula Whitehead/HR	w/c 3 rd February 2014.	Complete	
Vacancy approval process	Paula Whitehead	w/c 3 rd February 2014.	Complete for Early Help Consultants	
Informal review of current role of TAC Co-Ordinators	Paula Whitehead/John Darby	End January 2014	Analysis is complete as above.	
Review of current TAC Co-Ordinator Job Description	Paula Whitehead/John Darby	End January 2014	Complete and evaluated	
Preparation of staff consultation paper (TAC Co-Ordinators)	Paula Whitehead/Debbie Harrison	By 14/2/14	Preliminary meeting with HR held and timescales agreed. Consultation document drafted.	
Staff consultation process	Paula Whitehead/Debbie Harrison	To commence by 14/2/14	Preliminary meeting with HR held and timescales agreed.	
Recruitment activity	Paula Whitehead/John Darby	By end March 2014	Commenced	
Implementation of staffing restructure	Paula Whitehead/John Darby	By end April 2014	On track	

Monitoring and Evaluation					
<u>Performance Indicators</u>	<u>Baseline December 2013</u>	<u>Year 1 Target</u>	<u>Current Performance against target</u>	<u>Analysis and Comment</u>	<u>RAG</u> Red = significantly below target Amber = some concern Green = on track to meet or exceed target
Number of TAC Initiations (per month)	222	25% increase	Reporting to commence end Feb 2014	Reporting to commence end Feb 2014	Reporting to commence end Feb 2014
TAC Active Cases (open at month end)	1094	25% increase	As above	As above	As above
Number of 'Step Downs' from Social Care to TAC (per month)	57	50% increase	As above	As above	As above
Number of 'Step Ups' from TAC to Social Care	5	10% decrease	As above	As above	As above
Number of closures due to needs being met (per month)	Data not yet available	20% increase	As above	As above	As above
Number of closures due to non-engagement (per month)	Data not yet available	20% decrease	As above	As above	As above
Number of TAC Cases subject to QA Process	0	50 per month	As above	As above	As above
<u>Evaluation Activity</u>	<u>Responsibility</u>	<u>Timescale</u>	<u>Analysis and Comment</u>		
Results of quality assurance process	TAC Practice Supervisor	Monthly	System to be agreed and established by end February 2014		
Evaluation of process efficiency and TAC Co-Ordinator role	TAC Practice Supervisor	September 2014	Consultation, quantitative and qualitative review, to be presented to EHSg, CYPS and Schools Forum		
Evaluation of Early Help Consultants (impact of support offered)	TAC Team Manager	September 2014 and April 2015	Consultation and qualitative review, particularly with educational settings. To be presented to DMT, EHSg, and Schools Forum		
Case Studies	Early Help Consultants	September 2014	Demonstrating impact on children, young people and families		
Multi-Agency Audit	LSCB	To be agreed by LSCB	Use of same LSCB Toolkit to enable direct comparison with June 2013 Audit.		

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Lincolnshire Early Help Assessment for Children, Young People and their Families

This assessment should always be completed with the child, young person and family.

Ensure signed consent has been obtained – see page 6

Date Assessment Started:		Date Assessment submitted to the TAC Co-Ordinator:	
---------------------------------	--	---	--

Family Composition & details – include all those living in the family home

Child's Name:						
Family Address (including postcode):						
Full Name	DOB/EDD	Gender M/F	Relationship to the child	Parental Responsibility?	Ethnic Origin	EHA Number
				Y/N		
				Y/N		
				Y/N		

Details of any significant family members not living in family home

<u>Name</u>	<u>Date of Birth</u>	<u>Relationship</u>	<u>Address</u>

Further information about the family:

Immigration status eg. Refugee/asylum seeker	Child's first language		Parent(s) first language
Is an interpreter or signer required?	Y/N	Has this been arranged	Y/N
Child's Religion		Parent(s) religion	
Details of any disability in the family:			
Enter here any other relevant information:			
Do any of the children have a caring responsibility?	Y/N	Is this child privately fostered? (if yes, please provide details)	

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Please summarise what has led to this assessment

Details of professionals involved with any of the family members:

Please remember to include school or nursery, health visitor and GP.

Worker Name	Supporting Who	Role/Team/Agency	Contact Details	Have they contributed to the Early Help Assessment?	Current Lead Professional (Please mark)
				Y/N	
				Y/N	
				Y/N	
				Y/N	
				Y/N	
				Y/N	

Child's/Young Person's Needs

What are we worried about?	What is going well?	What needs to happen?

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On a scale of 0 – 10 where 10 means you haven't got any worries, and 0 means that things are so bad you don't know what to do; where do you rate this situation today? Please circle a number for each person (Child/Young Person, Lead Professional, Parent/Carer(s))

0 1 2 3 4 5 6 7 8 9 10

Family's Views

Does this assessment capture your views and give a way forward?

Child or Young Person's Views	Parents or Carers Views

DRAFT

Information sharing and consent.

I agree to the Early Help assessment (EHA) taking place.

I am aware that it is voluntary and I can withdraw at any point.

Information that is relevant to my child/my needs will be recorded and securely stored as a paper or electronic file.

I agree that the practitioners detailed in the EHA can be contacted to gather information for the EHA.

The information on the EHA form will be shared with practitioners for the purposes of providing services and meeting my child/my needs.

EHA documentation may be used by Lincolnshire Children's Services for audit and quality assurance purposes.

I am aware that practitioners have a legal responsibility to inform Children's Social Care should there be reason to believe that a young person/child is suffering or at risk of suffering harm.

Parent/carer/child/YP name:	
Signed: Parent/carer or child/young person	
Practitioner signature:	
Date:	

I/We agree this assessment is an accurate summary of my/our family's needs

Parent/Carer/Young Person Signature:	Name:	Date:
Lead Professional's Signature:	Name:	Date:

Proposed Briefing Sessions to Launch New Early Help Assessment

Proposed Schedule of Multi-Agency Events

Please note, these times and venues are provisional. Please do not circulate further.

District	Date and Time	Venue	Maximum number of attendees	Booking Administrator
Lincoln	Tues 25th Feb 1-3	Bluebell Room, Birchwood Children's Centre	20	Jennifer Cook TAC_Co-ordinator_lincoln@lincolnshire.gcsx.gov.uk
Lincoln	Weds 5 th March 9-11am	Tulip Room , North Children's Centre	20	Jennifer Cook TAC_Co-ordinator_lincoln@lincolnshire.gcsx.gov.uk
Lincoln	Thurs 6 th March 9.30 – 11.30am	Committee Room 5, County Offices	25	Jennifer Cook TAC_Co-ordinator_lincoln@lincolnshire.gcsx.gov.uk
Lincoln	Thurs 6 th March 3.45 – 5.45pm	Lincoln Youth Matters	30	Jennifer Cook TAC_Co-ordinator_lincoln@lincolnshire.gcsx.gov.uk
East Lindsey	17/03/14 1.30pm	Horncastle Residential College	50	Sue Buck TAC_Co-ordinator_EL@lincolnshire.gcsx.gov.uk
East Lindsey	19/03/14 3.30pm	Horncastle Residential College	50	Sue Buck TAC_Co-ordinator_EL@lincolnshire.gcsx.gov.uk
East Lindsey	25/03/14 1.30pm	Louth Meridian Centre	50	Sue Buck TAC_Co-ordinator_EL@lincolnshire.gcsx.gov.uk
East Lindsey	18/03/14 1.30pm	Skegness Roseberry House, Class room	25	Sue Buck TAC_Co-ordinator_EL@lincolnshire.gcsx.gov.uk
East Lindsey	26/03/14 1.30pm	Mablethorpe – Children's Centre	30	Sue Buck TAC_Co-ordinator_EL@lincolnshire.gcsx.gov.uk
South Holland	Tuesday 4 th March 9.30am	Boston College Spalding	20	Debbie Wright TAC_Co-ordinator_SH@lincolnshire.gcsx.gov.uk
South Holland	Tuesday 4 th March 2pm	Boston College Spalding	20	Debbie Wright TAC_Co-ordinator_SH@lincolnshire.gcsx.gov.uk
South Holland	Friday 21 st March 12.30pm	Boston College Spalding	20	Debbie Wright TAC_Co-ordinator_SH@lincolnshire.gcsx.gov.uk
South Holland	Friday 21 st March 3.30pm	Boston College Spalding	20	Debbie Wright TAC_Co-ordinator_SH@lincolnshire.gcsx.gov.uk
South Kesteven	Thursday 27 th March 10am	The Guildhall Grantham	50	Jo Wright/Linda Longman TAC_Co-ordinator_SK@lincolnshire.gcsx.gov.uk
South Kesteven	Thursday 27 th March 2pm	Bourne Youth Centre	50	Jo Wright/Linda Longman TAC_Co-ordinator_SK@lincolnshire.gcsx.gov.uk

South Kesteven	Friday 28 th March 2.00 pm	Christchurch Green Lane, Stamford, PE9 1HE	25	Jo Wright/Linda Longman TAC_Co-ordinator_SK@lincolnshire.gcsx.gov.uk
South Kesteven	Twilight 3.30 pm TBA			Jo Wright/Linda Longman TAC_Co-ordinator_SK@lincolnshire.gcsx.gov.uk
Boston	Monday 10 th March 9.30am	Boston West Golf Club	25	Cheryl Johnson TAC_Co-ordinator_Boston@lincolnshire.gcsx.gov.uk
Boston	Wednesday 12 th March 3.30pm	Boston West Golf Club	25	Cheryl Johnson TAC_Co-ordinator_Boston@lincolnshire.gcsx.gov.uk
Boston	Wednesday 19 th March 1pm	Boston West Golf Club	25	Cheryl Johnson TAC_Co-ordinator_Boston@lincolnshire.gcsx.gov.uk
North Kesteven	Thursday 27 th March 2pm	North Hykeham Youth Centre	20	Sarah Dyer TAC_Co-ordinator_NK@lincolnshire.gcsx.gov.uk
North Kesteven	Thursday 20 th March 3.30pm	North Hykeham Youth Centre	20	Sarah Dyer TAC_Co-ordinator_NK@lincolnshire.gcsx.gov.uk
North Kesteven	Thursday 6 th March 9.30am	Sleaford Youth Centre	20	Sarah Dyer TAC_Co-ordinator_NK@lincolnshire.gcsx.gov.uk
North Kesteven	Monday 17 th March 9.30am	New Life Centre	30	Sarah Dyer TAC_Co-ordinator_NK@lincolnshire.gcsx.gov.uk
North Kesteven	Monday 17 th March 2pm	New Life Centre	30	Sarah Dyer TAC_Co-ordinator_NK@lincolnshire.gcsx.gov.uk
West Lindsey	Thursday 27 th February 10am	Market Rasen Festival Hall	30	Hannah Sherman/Liz Treadgold TAC_Co-ordinator_WL@lincolnshire.gcsx.gov.uk
West Lindsey	Thursday 27 th February 1pm	Welton Youth Centre	20	Hannah Sherman/Liz Treadgold TAC_Co-ordinator_WL@lincolnshire.gcsx.gov.uk
West Lindsey	Wednesday 5 th March 3.30pm	Gainsborough Children's Centre	30	Hannah Sherman/Liz Treadgold TAC_Co-ordinator_WL@lincolnshire.gcsx.gov.uk
West Lindsey	Tuesday 11 th March 1pm	WLDC Marshall's Yard	30	Hannah Sherman/Liz Treadgold TAC_Co-ordinator_WL@lincolnshire.gcsx.gov.uk

Proposed Format

- 1) Welcome and introductions – Locality Team Manager (5 mins)
- 2) Background and context – Working Together 2013, LSCB Audit, Early Help Strategy, Early Help Steering Group, Consultation – Paula (10 mins)
- 3) Early Help Principles and methodology – including Signs of Safety briefing - Paula (25 mins)
- 4) Questions (10 mins)
- 5) TAC Process, including roles and responsibilities of Central Team– John (15 mins)
- 6) Questions (10 mins)
- 7) Introducing the new EHA – quick run through and then workshop format - Paula/John/Locality Team (40 mins)
- 8) Questions and feedback (10 mins)
- 9) Next steps, thank you and finish (10 mins)

Further Communication Needed

The Early Help Steering Group are asked to identify other opportunities to raise awareness of the new EHA, eg existing newsletters, staff briefings or meetings.

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Signs of Safety

A new approach to working with Children & Families

November 2013

What is it and where does it come from? Signs of Safety is an innovative, strengths-based, safety organised approach, created in Western Australia. The model was created by practitioners, based on what they know works with difficult cases, has attracted international attention and is being used in areas of North America, Europe and Australasia.

It is an assessment and planning framework supporting practitioners in determining:

- Whether there is sufficient safety for the child to remain within the family and what support is needed for the family for that to happen;
- Whether the situation is so dangerous that the child must be removed;
- If the child is looked after, whether there is enough safety for the child to return home.

Signs of Safety was developed from a spirit of appreciative inquiry, and the heart of the process revolves around a risk assessment and case planning format that is meaningful for all the professionals, and the parents and children.

Why have Lincolnshire chosen to implement it? Lincolnshire have chosen to implement Signs of Safety to go some way to meeting the recommendations detailed in Professor Eileen Munro's report into Child Protection, which in turn should ensure the Directorate's readiness for meeting future Ofsted requirements.

A key recommendation of Professor Eileen Munro's report identified the need for, '*Local authorities and their partners to start an on-going process to review and redesign the ways in which child and family social work is delivered, drawing on evidence of effectiveness of helping methods where appropriate and supporting practice that can implement evidence based ways of working with children and families*'.

The use of the approach was approved by Children's Services Directorate Management Team and is being led by Janice Spencer, Assistant Director, as the Project Sponsor.

What are the Core Principles of the framework and approach? Signs of Safety offers a robust way to identify risk and harm, and the changes needed for children to be made safer and more secure. Three principles underpin the approach:

- **Working relationships:** constructive working relationships between professionals and family members, and between professionals themselves, are key to effective practice.
- **Thinking critically, fostering a stance of inquiry:** all processes that support and inform practice, foster a questioning approach or a spirit of inquiry as the core professional stance of the practitioner.
- **Landing grand aspirations in everyday practice:** Signs of Safety has been developed with practitioners, and continues to develop as another area begins implementation. Practitioner and service user descriptions of what on the ground good practice, with complex and challenging cases looks like, continue to be documented.

What will the impact of Lincolnshire's implementation be? Lincolnshire Children's Services aim is to create a supportive working environment where staff are confident and committed to the professional judgements they make. The benefits of this are:

- Increased confidence and capability of staff.
- A supportive working environment for staff working through difficult and protracted cases.
- Professional judgements based on a balance of information and evidence.
- Improved engagement with families to meet the best needs, and outcomes, of the child.
- Improved partnership working with partner agencies to meet the best needs, and outcomes, of the child.
- Improved quality of assessment, analysis and intervention delivered to families.
- Improved risk management of vulnerable children as a result of rigorous assessment and safety planning.

As Signs of Safety becomes embedded, you will find meetings, supervision, panels and assessments will be framed using this approach, and a routine use of the Signs of Safety communication tools for capturing children's views.

How are we implementing it in Lincolnshire? There have been a series of two-day introductory training sessions planned from July 2013 – January 2014. These should enable all those who have attended, to begin to apply the thinking and tools in practice, and particularly through group supervision and practice workshops.

The Steering Group, led by Janice Spencer, will meet on a monthly basis from January and will include our consultant trainer, Tracey Hill, on a bi-monthly basis. This group will agree the implementation plan and provide the drive and direction for the project.

10 Children's Services practitioners attended the 5 day residential on Signs of Safety in September; this group, including Learning and Development, are working with the Project Manager to develop how Signs of Safety can be used in key Children's Services processes, for roll out in the New Year.

From February 2014, a program of Signs of Safety learning for Practice Leaders will begin. In this first year: all FAST and LAC Practice Supervisors and Child Protection Chairs will meet with Tracey Hill, our trainer, on a monthly basis. All CWD, Targeted and FWT Practice Supervisors and attendees from the Residential Course, that do not fall into the monthly group, will meet with Tracey on a bi-monthly basis.

Resources: Please note the Comprehensive Briefing Paper and Work Book circulated for training is for use within Lincolnshire County Council only, if a colleague from outside of the organisation is keen to learn more, please direct them to the Signs of Safety website: <http://www.signsofsafety.net/>

If you have any queries, question or comments, please contact Clare Rowley, Project Lead, on 01522 552208, or email, clare.rowley@lincolnshire.gov.uk

Proposed Governance Arrangements for Joint Commissioning of Health and Social Care between Lincolnshire County Council, the Four Lincolnshire Clinical Commissioning Groups and the Local Area Team of NHS England

1 Aim of the Report

This report intends to propose governance arrangements for Joint Commissioning of Health and Social Care between Lincolnshire County Council, the Four Lincolnshire Clinical Commissioning Groups and the Local Area Team of NHS England

2 Background and Context

Lincolnshire Health and Social Care agencies have a long history of successful joint commissioning arrangements and in some instances this has culminated in a formal Section 75 agreement which describes arrangements for pooling of budgets.

Both Lincolnshire County Council and the Four Lincolnshire Clinical Commissioning Groups have sought to increasingly co-ordinate their commissioning, taking joint responsibility for implementing strategies, whilst seeking to ensure improved outcomes, greater efficiencies and higher quality services.

Whilst joint commissioning arrangements have continued to operate for a number of years the time has now come to review and refresh arrangements. The commissioning landscape has changed with the introduction of Clinical Commissioning Groups (CCGs) and the further merger of PCT Clusters into Local Area Offices of the National Commissioning Board in April 2013. As the CCG have begun to take responsibility for joint commissioning arrangements there is a renewed focus and commitment by both parties to ensure that joint commissioning is delivered through clearly defined governance framework that is transparent and effective. There is a shared desire to increase the level of engagement with and ownership of joint commissioning arrangements providing integrated strategies, a clear decision making process and priority setting for the organisations.

As we seek to achieve further integration and achieve the ambitions of the Sustainable Services Review, our current governance structures need to be strengthened, given more flexibility and become more efficient/effective. The next section of the report sets out the proposed joint commissioning arrangements between Lincolnshire County Council, the Local Area Team of NHS England and the Four Lincolnshire Clinical Commissioning Groups. The proposals outlined in the paper are intended to stimulate debate and will be presented to the Governing Body of the Four Clinical Commissioning Groups and the Council for approval

There is recognition that there will need to be transition arrangements in place before all joint commissioning activities required under the Sustainable Services Review are able to be governed through these mechanisms. The scale of change needed to achieve the ambitions of the Sustainable Services Review cannot just be achieved through commissioning but requires significant change management. There will need to be clear governance arrangements for the LSSR work streams with agreed

processes for transfer of these work streams to the relevant commissioning delivery groups at the appropriate time. This will emerge under phase 2 of the LSSR

3 Formal Proposed Commissioning Structures

The structure in Appendix A demonstrates proposed commissioning governance structures. It is recognised that current arrangements are condition specific with no overarching strategic commissioning body to monitor the totality of health and special care spend and outcomes. Current arrangements are highly complex, with duplication of governance and therefore in need of being streamlining. The proposed structure provides greater flexibility and has strategic overview of all joint commissioning activities

Using the current work streams in the Sustainable Services Review as the baseline to describe activity alongside other key agency responsibility, it is proposed that the relevant Boards would be responsible for the following areas of activity:

Commissioning Board	Areas of Responsibility
Joint Commissioning Board	<ul style="list-style-type: none"> • Strategic Leadership; • Strategic responsibility for commissioning integrated health and social care to meet the aspirations of the key stakeholders, commissioners and the outcomes of the Health and Well Being Board; • Strategic Risk Management ; • Endorsing Joint Commissioning Strategies to achieve agreed Priorities. • Reporting on progress to the Health and Wellbeing Board
Proactive Care (Delivery Board)	<ul style="list-style-type: none"> • Needs and Resource Assessment, Strategy development (prevention focused) and implementation of Proactive Care; • Specification, Procurement, Contract Management, Quality Assurance and Safeguarding of Proactive Care; • Trigger Response (early identification of needs to prevent problems escalating) ; • Integrated Discharge to assess (co-ordinated community based discharge support); • The declining Patient (single point of access and unified team for care planning and delivery) ; • Commissioning lead for: <ul style="list-style-type: none"> - Recovery, re-ablement and rehabilitation - Intermediate Care - Remote Monitoring of Tele-health - Integrated Community Equipment - End of life care - Self-care Enhanced Carer support - Falls Prevention - Wellbeing Network.

	<ul style="list-style-type: none"> • Assessment and care management for adults with physical disability and older people
Women and Children's (Delivery Board)	<ul style="list-style-type: none"> • Needs and Resource Assessment, Strategy development (Early Intervention focused) and implementation of Women & Children's Services; • Specification, Procurement, Contract Management, Quality Assurance and Safeguarding of Services for Women & Children; • One Commissioner ethos; • Admission avoidance; • Early Intervention and targeted intervention through neighbourhood teams; • (primary care and targeted interventions across health and social care) • Child development centre network (integrated assessment, care planning and care delivery for children) ; • Commissioning lead for: <ul style="list-style-type: none"> - Consolidation and integration of specialist services including LAC,CAMHS &SEN - Early Years Services - Education Support Services - Readiness for Adult Life
Adults Specialist (Delivery Board)	<ul style="list-style-type: none"> • Needs and Resource Assessment, Strategy Development and delivery of Specialist services; • Specification, Procurement, Contract Management, Quality Assurance and Safeguarding of Services for Adults with Learning Disability, Mental Health problems, Autism; • Commissioning lead for: <ul style="list-style-type: none"> - Assessment and care management for adults with learning disability need - Assessment and care management for adults with mental ill health - Assessment and care management for adults with autism.

The arrangements described in this report are developing. The foundation of a Joint Commissioning Board is in place and there are plans to evolve the Learning Disability Joint Commissioning Board into the Adults Specialist Delivery Board with a proposal that the Women and Children's Delivery Board should be an early implementer. Other delivery boards would be developed with informed learning from the forerunners.

NB – the urgent care board is not a formal part of these joint governance arrangements. The Urgent Care Board enables the delivery of high quality urgent and emergency services, and is a requirement of NHS England, The Trust Development Authority and Monitor.

The following outline/ summary Terms of Reference are proposed:

Appendix C and D outline detailed terms of reference for the Adult specialist and Women's and Children's Delivery Board

Terms of Reference Joint Commissioning Board	
Purpose of Group	<ul style="list-style-type: none"> • To provide strategic leadership; • Coordinate the outputs for service area specific commissioning board to achieve agreed Outcomes and other priorities; • Strategic Risk Management; • To discuss and provide areas that may be priorities for future change to Health and Wellbeing Board; • To propose programmes of joint investment to support Joint Health and Wellbeing priorities, • Provide updates to CCGs, LA and Health and Wellbeing Board on performance against specified outcomes
Membership:	<ul style="list-style-type: none"> • Representatives from the Clinical Commissioning Groups covering Lincolnshire • County Council Corporate Management Board • Local Area Team of NHS England (NB NHS England have a number of roles including system management, commissioning and assurance. Where acting as Commissioner, they will play full part in decision making – where not undertaking a commissioning role, NHS England may be asked to leave the meeting / act as observer)
Areas of Responsibility	<ul style="list-style-type: none"> • To coordinate the delivery of the agreed Joint Commissioning and Health and Wellbeing priorities and monitor delivery of the Sustainable Services Review • To review and as required prepare proposals about Joint Commissioning and Health and Wellbeing priorities between the CCGs and LA • To co-ordinate joint commissioning activity to deliver outcomes for local people in local areas • To ensure that the constituent organisations consider any decisions required to deliver agreed programmes of joint investment.
Frequency of meetings:	<ul style="list-style-type: none"> • Meetings will take place each month in the first instance; • NB - Quoracy: The group is a coordinating partnership group so quoracy is not an immediate

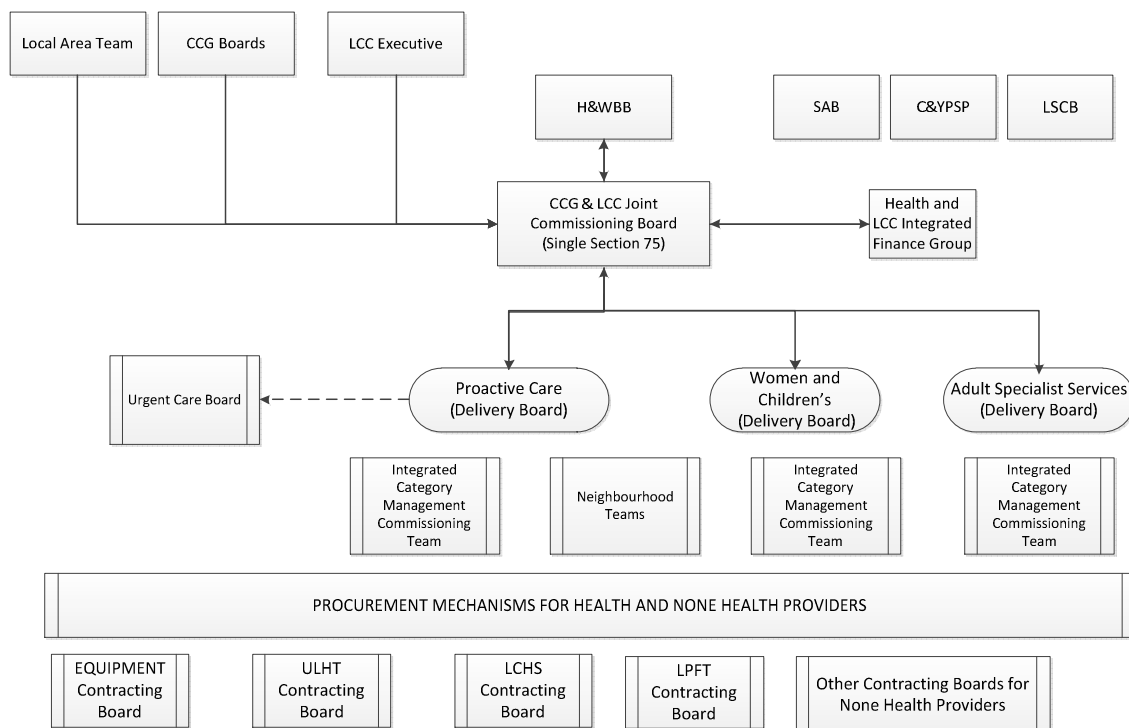
	issue as decisions will be taken by individual organisations
Terms of Reference Joint Commissioning Delivery Boards	
Purpose of Group:	<ul style="list-style-type: none"> • To deliver the outcomes and priorities agreed; • To agree a joint strategy for the assessment of need, service re design, procurement and monitor implementation of services related to area of responsibility • To ensure clear communications to the Joint Commissioning Board and own organisation on commissioning related to area of responsibility • Deliver Best Value • Ensure compliance with confirmed policy and standards.
Membership	<ul style="list-style-type: none"> • Representatives from at least two Lincolnshire Commissioning Groups; • Representatives from Lincolnshire County Council • Local Area Team of NHS England <p>All delivery commissioning boards will have clinical/ technical and management representation.</p> <p>Executive decisions stemming from the Group's work will be made by the constituent organisations as required</p>
Areas of Responsibility	<ul style="list-style-type: none"> • To steer the delivery of the agreed Joint Commissioning priorities and to report on progress to own organisation and the Joint Commissioning Board - this may include identifying action required to deliver the agreed priorities; • Ensure engagement and co-production with service users, carers and other stakeholders; • To ensure actions are being taken forward through functional activity groups as relevant; • To propose and monitor agreed programmes of joint investment, • To prepare proposals about future Joint Commissioning priorities between the Clinical Commissioning Groups and the Council • To co-ordinate joint commissioning activity across Lincolnshire to deliver consistent outcomes for local people

	<ul style="list-style-type: none"> • To provide reports for own organisation and the Joint Commissioning Board as required. • To ensure that the constituent organisations consider any decisions required to deliver agreed programmes of joint investment or transfer.
Frequency of meetings	<ul style="list-style-type: none"> • Meetings will take place each month in the first instance.

1. Conclusion

The governance arrangements are intended to provide a framework for the delivery of the sustainable services review and for achieving the priorities of the Health and Well Being strategy. These refreshed arrangements reflect the changing commissioning landscape and will enable health and social care commissioners to have joint engagement and ownership of joint commissioning arrangements providing integrated strategies, to improve the health and social care needs of our communities

APPENDIX A



Appendix B

Governance Arrangements and Terms of Reference of Joint Commissioning Board (JCB)

1. Introduction

- The **Joint Commissioning Board (JCB)** will provide strategic leadership and coordination on all aspects of the commissioning cycle specific to integrated commissioning of health and social care activity

The individual Service areas under the governance of this delivery board include:

- The development of 'neighbourhood teams' to deliver integrated health and social care at locality level
- . The Development of a pooled budget and jointly commissioned Intermediate Care Layer to reduce hospital admission and stays
- Seven-Day Working to improve community access to services
- Prevention so communities can access early help to prevent needs escalating, delivering services in an integrated way
- Enablers notably estates, organisational development and IMT to support the workforce delivery modern, effective and efficient services.

The **JCB** will oversee the commissioning of local services and activities on behalf of Lincolnshire County Council, the Lincolnshire Clinical Commissioning Groups and. Local Area Team of NHS England. They will delegate work streams to a number of Joint Delivery Boards who will report and be accountable to the JCS

The scope of services included (and excluded) under the governance of the JCB will be set out in the individual Service Chapters of a Section 75 agreement. Those chapters also provide details of the relevant performance, finance, resources, as well as decision making and risk sharing arrangements.

The Joint Commissioning Board will at all times be accountable to the relevant agencies subject to the section 75 agreement. A summary chart of the overall Governance arrangements for local joint commissioning are set out at Appendix A.

The individual Service Chapters of this Section 75 agreement will also set out the lead commissioning arrangements for each service or part of the service. The identified lead commissioner(s) will in turn complete the commissioning responsibilities in line with their own organisational constitutional decision making arrangements and in line with all relevant legislation.

2. Purpose and Remit of the Board

The principle functions of the **JCB** is to lead at a strategic level the commissioning of integrated health and social care to meet the aspirations of the key stakeholders, commissioners and the outcomes of the Health and Well Being Strategy. The Board will also determine and monitor strategic Risk Management ; will endorsing Joint

Commissioning Strategies to achieve agreed Priorities and will report on progress to the Health and Wellbeing Board

The Board should do so by making best economic use of and within resources available.

On behalf of Lincolnshire CCG's, Local Area Team of NHS England and Lincolnshire County Council the JCB will also facilitate the integration of commissioning activities and provision where ever this adds value. It will work in partnership with a range of agencies and providers, ensuring resources are prioritised according to need and where they will achieve the most impact.

The **JCB** will prioritise commissioning activity and the coordination of commissioned services. The board will facilitate decisions about how resources are allocated across the County and across priorities. However, it is recognised that representatives can only undertake delegated decisions in line with their own individual organisations decision making framework.

3. Key Responsibilities of the Board

The **JCB** will, provide strategic leadership for:

- The identification of key Priorities and Outcomes for the delivery of integrated health and social care
- Be accountable to the Health and Well Being Board for the delivery of the Better Care fund (constituent members will be accountable to their own organisation)
- Be accountable to the Health and Well Being Board for the delivery of LSSR work streams once responsibility is formally transferred (constituent members will be accountable to their own organisation. Development and design of integrated health and social care services will be led by LSSR governance. Once design is completed, responsibility will transfer to the commissioning arrangements
- Agree the key priorities for the Joint Delivery Boards and monitor their outcomes including approving commissioning strategies
- Ensure commissioning strategies comply with agreed safeguarding strategy and policy;
- Take responsibility for the production and ongoing maintenance of a risk register and associated mitigating actions;
- Approve equalities impact assessments associated with commissioning strategies
- Be responsible for the development, annual review and ongoing monitoring of a robust performance management framework (receiving and scrutinising performance monitoring reports);
- Develop and approve Performance and Financial Targets;
- Determine the arrangement for an integrated commissioning arrangements - which will include but will not be limited to the following commissioning activities:
 - Stakeholder Engagement, including the participation service users, carers and other stakeholders in commissioning processes and procedures;
 - Needs and Resource analysis;

- Budget and Financial planning and management;
- Service Specification;
- Procurement;
- Contract Management;
- Quality Assurance;
- Safeguarding;
- Market Management;
- Service Planning;
- Evaluation of services
- Integrated workforce development (in particular around health, care and education support providers)
- Compliance with agreed assessment processes and procedures;
- Review of commissioning arrangements and spend;
- Ensure compliance with agreed policies and working practices, including compliance with the relevant statutory requirements of each partner agency;
- Equality and impact assessments;
- Ensure all services commissioned are performance managed against agreed and measurable outcomes, inputs and outputs.

4. Joint Strategic Needs Assessment (JSNA)

It is a requirement that all Joint Commissioning Strategies developed by the JBC will take account of priority needs identified through the JSNA. In addition to the JSNA, the commissioning of services will also be informed via consideration of local political priorities; National Policy and Guidance, community/user feedback, demographic information and specialist needs assessments that target specific groups.

5. Delegated Authority

The **JCB** operates within the authority delegated by statutory partners and or the Health and Well Being Board

Decision making processes will therefore need to reflect the governance arrangements of constituent members accountability frameworks working through delegated decision making and any overarching agreement such as a section 75 etc.

. A key role for the JCB will be to ensure that decisions taken by the Board and the delivery Boards meet the governance requirement of the Section 75 agreement where appropriate and of the relevant organisation's decision making process and are done so, within the appropriate timescales including confirming how such decisions will be facilitated and recorded.

The Health and Wellbeing Board will be a consultee for the Joint Commissioning Board. Where decisions are also required to be formalised by individual agencies they may also be required to be considered by relevant scrutiny bodies and other constitutional arrangements.

6. Board Membership and respective responsibilities

Core Membership of the Women and Children's Joint Delivery Board

The core membership will include the relevant:

- Chief Officers of the Four Clinical Commissioning Group;
- LCC Executive Directors
- LCC Chief Executive
- Nominated Officer representative of Local Area Team of NHS England
- Nominated Financial Officer from LCC;
- Nominated Finance Officers from the CCG's

Chair and Deputy Chair

The chair and deputy chair of the **JCB** will be agreed by the core members by nomination and if necessary by vote.

The Chair or Deputy Chair will chair the board meetings and will make decisions on whether Board meetings should proceed, be cancelled or re-scheduled

Quorum

Quorum will be 2 members from CCGs and 2 members from LCC (including Public Health). Voting on policy issues or resources is not permitted; these must be referred to the relevant statutory partner as appropriate.

Alternates/Substitutions

Members of the Board will be required to attend in person or send their apologies. Deputies may attend on behalf of the individual Board member provided that they are able to fulfil the role and responsibilities and with the prior agreement of the Chair and prior notification to all core members of the Specialist Services Joint Delivery Board.

Declaration of interests

There will be occasions when a Board Member has more than one legitimate interest that may conflict with matters coming to the Board for discussion, consideration or decision. In order to protect themselves and the business of the Board, members should declare any potential conflict of interest at the time it arises to the chair of the Specialist Services Delivery Board in writing.

Individuals are not required to declare all associations they may have outside the work of the Board. Relevant interests may include both financial and non-financial interests. The test of relevance is whether the interest might reasonably be thought by the public to affect the way in which an individual discharges his or her duties. The test therefore is not whether an individual's actions will be influenced by the interest but whether the public might reasonably think that this may be the case.

The Chair of the Board will decide if any action needs to be taken as a result of the declaration including leaving the meeting for specific items under discussion. Any declaration and decision which follows will be recorded in the minutes.

Board members and attendees will also be required to declare any interest that may be a conflict of interest in line with their employing agency's own declaration of interest procedures and in particular where they relate to any services or activities being directly commissioned by the organisation they are employed by.

Roles and Responsibilities of Individual Members of the Board

- Act as a 'champion' for delivering improved Outcomes and Value for Money and the relating underlying principles of joint commissioning arrangements in Lincolnshire (including but not limited to safeguarding and the Early Intervention and Prevention agenda);
- Provide Strategic Leadership for the agreed joint commission priorities as well as the commissioning priorities within their parent organisation;
- Ensure decisions are taken in line and in compliance with the rules of each relevant agency;
- Actively identify and manage risk associated with the joint commissioning agenda;
- Ensure effective communication and engagement to and with their own organisations/groups and that relevant issues from their organisations/groups are fed back to the Board in a timely manner;
- Ensure communication across partners/stakeholders and work in cooperation with each other to ensure the Board fulfils its purpose and stated objectives;
- Undertake work on tasks assigned by the Board;
- Take a full and active part in the work of the Board;
- Attend meetings of the Board as scheduled;
- Provide support in order to hold each other and partners to account for ensuring action to address performance and appropriate joint investment in resources
- Ensure collective responsibility is observed in relation to decisions made and informed by the Board;

8. Frequency of Meetings and Standard Agenda Items

The JCB will meet at least 4 times a year and will aim to meet bi monthly

- Governance Arrangements and Terms of Reference of the Specialist Services Joint Delivery Board (JDB)

4. Introduction

This part of the Section 75 Agreement between the Lincolnshire Clinical Commissioning Groups (CCG's), the Local Area Team of NHS England and Lincolnshire County Council (LCC) explains the governance arrangements for the Specialist Services Joint Delivery Board (JDB).

The Specialist Services JDB will oversee the local commissioning and provision of Specialist Services. The scope of services included (and excluded) from the overarching term Specialist Services are set out in the individual Service Chapters of this Section 75 agreement and as provided in Part 5 of this agreement. Those chapters also provide details of the relevant performance, finance, resources and risk sharing arrangements.

The individual Service Chapters will be developed and reviewed incrementally and will include Services for people with:

- Learning Disabilities;
- Mental Health Services;
- Autism Services;
- Carers (across all Delivery Groups) – temporarily until the Proactive Care Board is in place

The Specialist Services JDB is one of a number of Joint Delivery Boards that will oversee the commissioning of local services and activities on behalf of Lincolnshire County Council, the Local Area Team of NHS England and the Lincolnshire Clinical Commissioning Groups. The Joint Delivery Boards will in turn be overseen by the Lincolnshire Joint Commissioning Board (JCB) and have links to associated and relevant boards.

The Joint Commissioning Board and Joint Delivery Boards will at all times be accountable to the relevant agencies subject to this section 75 agreement. A summary of the overall Governance arrangements for local joint commissioning are set out at Appendix One.

The individual Service Chapters of this Section 75 agreement will also set out the lead commissioning arrangements for each service or part of the service. The identified lead commissioner(s) will in turn complete the commissioning responsibilities in line with their own organisational constitutional decision making arrangements and in line with all relevant legislation.

5. Purpose and Remit of the Board

The principle functions of the Specialist Services JDB are to ensure the delivery of improved Health and Wellbeing (and associated priority Outcomes) for the people of Lincolnshire and other citizens who are eligible to access services commissioned locally. The Board should do so by making best economic use of and within resources available.

On behalf of Lincolnshire CCG's and Lincolnshire County Council the Specialist Services JDB will also facilitate the integration of commissioning activities and provision where ever this adds value. It will work in partnership with a range of agencies and providers, ensuring resources are prioritised according to need and where they will achieve the most impact.

The Specialist Services JDB will prioritise commissioning activity and the coordination of services commissioned. The board will facilitate decisions about how resources are allocated across services. This will include reviewing existing performance, services, activities and outcomes to identify where existing provision may need to be decommissioned to release resources to enable service re-design.

6. Key Responsibilities of the Board

The Specialist Services JDB will, for the relevant Service Chapters and on behalf of the agencies party to the Section 75 agreement, oversee:

- The identification of key Priorities and Outcomes for the Specialist Services JDB;
- And agree these key priorities with the Joint Commissioning Board and relevant agencies;
- The production and approval of relevant Needs Assessments and Resource Assessments (including but not limited to relevant sections of the Joint Strategic Needs Assessment (JSNA));
- The production and approval of relevant Self-Assessments and associated Action Plans;
- Compliance with agreed safeguarding strategy and policy;
- The development and ongoing maintenance of a risk register and associated mitigating actions;
- The development, approval and implementation of relevant Joint Commissioning Strategies and Plans to deliver agreed Priorities and Outcomes;
- The initiation and approval of equalities impact assessments;

- The development, annual review and ongoing monitoring of a robust performance management framework (and will receive and scrutinise quarterly performance monitoring reports);
- Facilitate associated funding and risk sharing agreements for each Service Chapter;
- The development and approval of Performance and Financial Targets;
- Oversight of the work program of the relevant integrated commissioning support team - which will include but will not be limited to the following commissioning activities:
 - Stakeholder Engagement, including the participation service users, carers and other stakeholders in commissioning processes and procedures;
 - Needs and Resource analysis;
 - Budget and Financial planning and management;
 - Service Specification;
 - Procurement;
 - Contract Management;
 - Quality Assurance;
 - Safeguarding;
 - Market Management;
 - Service Planning;
 - Evaluation of services
 - Integrated workforce development (in particular around health, care and education support providers)
 - Compliance with agreed assessment processes and procedures;
 - Review of commissioning arrangements and spend;
 - Ensure compliance with agreed policies and working practices, including compliance with the relevant statutory requirements of each partner agency;
 - Equality and impact assessments;
 - Ensure all services commissioned are performance managed against agreed and measurable outcomes, inputs and outputs.

4. Joint Strategic Needs Assessment (JSNA)

It is a requirement that all Joint Commissioning Strategies developed by the Joint Delivery Board will take account of priority needs identified through the JSNA. In addition to the JSNA, the commissioning of services will also be informed via consideration of local political priorities; National Policy and Guidance, community/user feedback, demographic information and specialist needs assessments that target specific groups.

The Specialist Services Joint Delivery Board will use intelligence gained from the JSNA and other relevant needs and resources assessments and service user feedback to identify gaps in provision and performance and will hold other commissioners and providers to account for meeting agreed priorities.

5. Delegated Authority

The Specialist Services JDB operates within the authority delegated by statutory partners and or the Joint Commissioning Board.

Decision making processes will therefore need to reflect the governance arrangements of any overarching agreement and the statutory partners to ensure clear accountability. A key role for the Specialist Services Joint Delivery Board will be to ensure that decisions taken by the Board meet the governance requirement of the Section 75 agreement and the relevant agencies and are done so, within the appropriate timescales including confirming how such decisions will be facilitated and recorded.

The Health and Wellbeing Board will be a consultee for the Joint Commissioning Board (which the Joint Delivery Boards will report to). Where decisions are also required to be formalised by individual agencies they may also be required to be considered by relevant scrutiny bodies and other constitutional arrangements.

6. Board Membership and respective responsibilities

Core Membership of the Specialist Services Joint Delivery Board

The core membership will include the relevant:

- Chief Officer of the Lead (South West) Clinical Commissioning Group;
- LCC Corporate Director with responsibility for Specialist Services;
- LCC Assistant Director for Joint Commissioning of Specialist Services;
- Assistant Director from Public Health;
- Nominated Clinical representative from either the West, East or South CCG;
- Nominated Officer representative from either the West, East or South CCG;
- Nominated Officer representative from the Local Area Team of NHS England
- HOS with operational responsibilities for the Specialist Services Service Chapters;
- Nominated Financial HOS from LCC;
- Nominated Finance Officer from South West CCG.

Chair and Deputy Chair

The chair and deputy chair of the Specialist Services Joint Delivery Board will be agreed by the core members by nomination and if necessary by vote.

The Chair or Deputy Chair will chair the board meetings and will make decisions on whether Board meetings should proceed, be cancelled or re-scheduled in discussion with the Assistant Director for Joint Commissioning or their nominated deputy.

Quorum

Quorum will be 2 members from CCGs and 2 members from LCC (including Public Health) .Where voting occurs the chairman will hold the casting vote where there is no majority. Voting on policy issues or resources is not permitted; these must be referred to the Joint Commissioning Board and relevant statutory partner as appropriate.

Alternates/Substitutions

Members of the Board will be required to attend in person or send their apologies. Deputies may attend on behalf of the individual Board member provided that they are able to fulfil the role and responsibilities and with the prior agreement of the Chair and prior notification to all core members of the Specialist Services Joint Delivery Board.

Responsibilities of the Assistant Director Joint Commissioning

The Assistant Director for Joint Commissioning of Specialist Services will have responsibility for developing a category management approach to the Commissioning of Specialist Services and leading the integrated commissioning team that will provide support to the Specialist Services Joint Delivery Board.

The Assistant Director for Joint Commissioning will agree the frequency of meetings of the integrated commissioning support team and will invite relevant officers from the integrated commissioning support team to attend the Board Meetings to present and discuss relevant agenda items.

The integrated commissioning support team will consist of officers directly line managed by the Assistant Director for Joint Commissioning but will also be extended in virtual form to include representation from other professionals for example representative from Procurement Lincolnshire, GEMs, Finance, Commissioning, Quality Assurance, Care Management, Quality Assurance, and Safeguarding.

The Assistant Director for Joint Commissioning (or nominated deputy) will have responsibility for planning, agreeing and circulating the Agenda for the Specialist Services Joint Delivery Board meetings. (Supported by a Personal Assistant).

Additional Attendees

The Specialist Services Joint Delivery Board core members have the primary responsibility for governance of the Specialist Services Commissioning work program.

However, it is recognised that across all services strong partnerships exist with a number of providers of services from a range of sectors, including but not limited to Health Providers, the voluntary sector, the private sector, schools and other commissioning bodies. In this context the Specialist Services Joint Delivery Board may invite representatives from other organisations to attend Board meeting to discuss specific items as and when the agenda requires this.

Declaration of interests

There will be occasions when a Board Member has more than one legitimate interest that may conflict with matters coming to the Board for discussion, consideration or decision. In order to protect themselves and the business of the Board, members should declare any potential conflict of interest at the time it arises to the chair of the Specialist Services Delivery Board

Individuals are not required to declare all associations they may have outside the work of the Board. Relevant interests may include both financial and non-financial interests. The test of relevance is whether the interest might reasonably be thought by the public to affect the way in which an individual discharges his or her duties. The test therefore is not whether an individual's actions will be influenced by the interest but whether the public might reasonably think that this may be the case.

The Chair of the Board will decide if any action needs to be taken as a result of the declaration including leaving the meeting for specific items under discussion. Any declaration and decision which follows will be recorded in the minutes.

Board members and attendees will also be required to declare any interest that may be a conflict of interest in line with their employing agency's own declaration of interest procedures and in particular where they relate to any services or activities being directly commissioned by the organisation they are employed by.

Roles and Responsibilities of Individual Members of the Board

- Act as a 'champion' for delivering improved Outcomes and Value for Money and the relating underlying principles of joint commissioning arrangements in Lincolnshire (including but not limited to safeguarding and the Early Intervention and Prevention agenda);
- Provide Strategic Leadership for the agreed joint commissioning priorities as well as the commissioning priorities within their parent organisation;
- Ensure decisions are taken in line and in compliance with the rules of each relevant agency;
- Actively identify and manage risk associated with the joint commissioning agenda;
- Ensure effective communication and engagement to and with their own organisations/groups and that relevant issues from their organisations/groups are fed back to the Board in a timely manner;
- Ensure communication across partners/stakeholders and work in cooperation with each other to ensure the Board fulfils its purpose and stated objectives;
- Undertake work on tasks assigned by the Board;
- Take a full and active part in the work of the Board;

- Attend meetings of the Board as scheduled;
- Provide support in order to hold each other and partners to account for ensuring action to address performance and appropriate joint investment in resources
- Ensure collective responsibility is observed in relation to decisions made and informed by the Board;

The Specialist Services Joint Delivery Board may request alternative representation from relevant agencies should individual board members not exercise their roles and responsibilities effectively.

8. Frequency of Meetings and Standard Agenda Items

The Specialist Services Joint Delivery Board will meet at least 4 times a year and if necessary hold extra-ordinary meetings if matters at hand require this.

The Joint Delivery Board meetings will include as a minimum the following standing agenda items:

- Monthly reporting on Relevant Budgets and KPI's in line with the requirements of the Service Chapters;
- Quarterly Safeguarding and Quality Assurance Reports (facilitated by the relevant Safeguarding Boards)
- An annual review of relevant commissioning strategies relating to the delivery of Specialist Services;
- An annual report on feedback from key stakeholders;
- Feedback from Health and Wellbeing Board, Joint Commissioning Board and other partnership groups, where relevant

Meeting Papers

Agenda items may be nominated by the membership no later than 2 weeks prior to each meeting. The agenda will be agreed by the Assistant Director for Joint Commissioning in discussion with the Chair and Vice Chair.

Papers for the agenda should be made available to the Assistant Director 6 working days before the scheduled meeting and the agenda should be distributed at least 4 working days before the scheduled meeting.

Extra-ordinary Papers should only be tabled in exceptional circumstances and with the prior agreement of the Assistant Director (or their deputy) and the Chair (or their deputy).

APPENDIX C

Governance Arrangements and Terms of Reference of the Women and Children's Joint Delivery Board (JDB)

7. Introduction

The **Women and Children's** JDB will oversee the local commissioning and provision of Services for children and maternity services for women. The individual Service areas under the governance of this delivery board include:

- Public Health activities for women and children
- Midwifery Services
- Healthy Child programme
- Health Child programme for school age children
- Children Centre services including early years activities and community engagement
- Services for Children with Disability and special educational needs including Therapy and Autism Services
- Child and Adolescent Mental Health and Behaviour Services

.The **Women and Children's** JDB is one of a number of Joint Delivery Boards that will oversee the commissioning of local services and activities on behalf of Lincolnshire County Council, the Lincolnshire Clinical Commissioning Groups and . Local Area Team of NHS England. The Joint Delivery Boards will in turn be overseen by the Lincolnshire Joint Commissioning Board (JCB) and have links to associated and relevant boards.

The scope of services included (and excluded) will be set out in the individual Service Chapters of a Section 75 agreement. Those chapters also provide details of the relevant performance, finance, resources and risk sharing arrangements.

The Joint Commissioning Board and Joint Delivery Boards will at all times be accountable to the relevant agencies subject to this section 75 agreement. A summary of the overall Governance arrangements for local joint commissioning are set out at Appendix One.

The individual Service Chapters of this Section 75 agreement will also set out the lead commissioning arrangements for each service or part of the service. The identified lead commissioner(s) will in turn complete the commissioning responsibilities in line with their own organisational constitutional decision making arrangements and in line with all relevant legislation.

8. Purpose and Remit of the Board

The principle functions of the **Women and Children's** JDB are to ensure the delivery of improved Health and Wellbeing (and associated priority Outcomes) for women, children and young people of Lincolnshire and other citizens who are eligible to access services commissioned locally. The Board should do so by making best economic use of and within resources available.

On behalf of Lincolnshire CCG's, Local Area Team of NHS England and Lincolnshire County Council the **Women and Children's** JDB will also facilitate the integration of commissioning activities and provision where ever this adds value. It will work in partnership with a range of agencies and providers, ensuring resources are prioritised according to need and where they will achieve the most impact.

The **Women and Children's** JDB will prioritise commissioning activity and the coordination of services commissioned. The board will facilitate decisions about how resources are allocated across services. This will include reviewing existing performance, services, activities and outcomes to identify where existing provision may need to be decommissioned to release resources to enable service re-design.

9. Key Responsibilities of the Board

The **Women and Children's** JDB will, for the relevant Service areas as highlighted above, and on behalf of the agencies party to the Section 75 agreement, oversee:

- The identification of key Priorities and Outcomes for the **Women and Children's** JDB;
- And agree these key priorities with the Joint Commissioning Board and relevant agencies;
- The production and approval of relevant Needs Assessments and Resource Assessments (including but not limited to relevant sections of the Joint Strategic Needs Assessment (JSNA));
- The production and approval of relevant Self-Assessments and associated Action Plans;
- Compliance with agreed safeguarding strategy and policy;
- The development and ongoing maintenance of a risk register and associated mitigating actions;
- The development, approval and implementation of relevant Joint Commissioning Strategies and Plans to deliver agreed Priorities and Outcomes;
- The initiation and approval of equalities impact assessments;
- The development, annual review and ongoing monitoring of a robust performance management framework (and will receive and scrutinise quarterly performance monitoring reports);
- Facilitate associated funding and risk sharing agreements for each Service Chapter;
- The development and approval of Performance and Financial Targets;

- Oversight of the work program of the relevant integrated commissioning support team - which will include but will not be limited to the following commissioning activities:
 - Stakeholder Engagement, including the participation service users, carers and other stakeholders in commissioning processes and procedures;
 - Needs and Resource analysis;
 - Budget and Financial planning and management;
 - Service Specification;
 - Procurement;
 - Contract Management;
 - Quality Assurance;
 - Safeguarding;
 - Market Management;
 - Service Planning;
 - Evaluation of services
 - Integrated workforce development (in particular around health, care and education support providers)
 - Compliance with agreed assessment processes and procedures;
 - Review of commissioning arrangements and spend;
 - Ensure compliance with agreed policies and working practices, including compliance with the relevant statutory requirements of each partner agency;
 - Equality and impact assessments;
 - Ensure all services commissioned are performance managed against agreed and measurable outcomes, inputs and outputs.

4. Joint Strategic Needs Assessment (JSNA)

It is a requirement that all Joint Commissioning Strategies developed by the Joint Delivery Board will take account of priority needs identified through the JSNA. In addition to the JSNA, the commissioning of services will also be informed via consideration of local political priorities; National Policy and Guidance, community/user feedback, demographic information and specialist needs assessments that target specific groups.

The **Women and Children's** Joint Delivery Board will use intelligence gained from the JSNA and other relevant needs and resources assessments and service user feedback to identify gaps in provision and performance and will hold other commissioners and providers to account for meeting agreed priorities.

5. Delegated Authority

The **Women and Children's** JDB operates within the authority delegated by statutory partners and or the Joint Commissioning Board.

Decision making processes will therefore need to reflect the governance arrangements of any overarching agreement and the statutory partners to ensure clear accountability. A key role for the **Women and Children's** Joint Delivery Board

will be to ensure that decisions taken by the Board meet the governance requirement of the Section 75 agreement where appropriate and of the relevant organisation's decision making process and are done so, within the appropriate timescales including confirming how such decisions will be facilitated and recorded.

The Health and Wellbeing Board will be a consultee for the Joint Commissioning Board (which the Joint Delivery Boards will report to). Where decisions are also required to be formalised by individual agencies they may also be required to be considered by relevant scrutiny bodies and other constitutional arrangements.

6. Board Membership and respective responsibilities

Core Membership of the Women and Children's Joint Delivery Board

The core membership will include the relevant:

- Chief Officer of the Lead (South West) Clinical Commissioning Group;
- LCC Corporate Director with responsibility for **Children's**;
- LCC Assistant Director for Joint Commissioning of **Children's** Services;
- Public Health Consultant
- Nominated Clinical representative from either the West, East or South CCG;
- Nominated Officer representative from either the West, East or South CCG;
- Nominated Officer representative of Local Area Team of NHS England
- HOS with operational responsibilities for the relevant service areas
- Commissioning Officer with operational responsibilities for the relevant service areas
- Nominated Financial HOS from LCC;
- Nominated Finance Officer from South West CCG.

Chair and Deputy Chair

The chair and deputy chair of the **Women and Children's** Joint Delivery Board will be agreed by the core members by nomination and if necessary by vote.

The Chair or Deputy Chair will chair the board meetings and will make decisions on whether Board meetings should proceed, be cancelled or re-scheduled in discussion with the Assistant Director for Joint Commissioning or their nominated deputy.

Quorum

Quorum will be 2 members from CCGs and 2 members from LCC (including Public Health) .Where voting occurs the chairman will hold the casting vote where there is no majority. Voting on policy issues or resources is not permitted; these must be referred to the Joint Commissioning Board and relevant statutory partner as appropriate.

Alternates/Substitutions

Members of the Board will be required to attend in person or send their apologies. Deputies may attend on behalf of the individual Board member provided that they are able to fulfil the role and responsibilities and with the prior agreement of the Chair and prior notification to all core members of the Specialist Services Joint Delivery Board.

Responsibilities of the Assistant Director Joint Commissioning

The Assistant Director for Joint Commissioning of **Children's Services** will have responsibility for developing a category management approach to the Commissioning of **Women and Children's** Services and leading the integrated commissioning team that will provide support to the **Women and Children's** Joint Delivery Board.

The Assistant Director for Joint Commissioning will agree the frequency of meetings of the integrated commissioning support team and will invite relevant officers from the integrated commissioning support team to attend the Board Meetings to present and discuss relevant agenda items.

The virtual integrated commissioning support team will consist of officers directly line managed by the Assistant Director for Joint Commissioning but will also be extended in virtual form to include representation from other professionals for example representative from Procurement Lincolnshire, GEMs, Finance, Commissioning, Quality Assurance, Care Management, Quality Assurance, and Safeguarding.

The Assistant Director for Joint Commissioning (or nominated deputy) will have responsibility for planning, agreeing and circulating the Agenda for the Specialist Services Joint Delivery Board meetings. (Supported by a Personal Assistant).

Additional Attendees

The **Women and Children's** Joint Delivery Board core members have the primary responsibility for governance of the Specialist Services Commissioning work program.

However, it is recognised that across all services strong partnerships exist with a number of providers of services from a range of sectors, including but not limited to Health Providers, the voluntary sector, the private sector, schools and other commissioning bodies. In this context the **Women and Children's** Joint Delivery Board may invite representatives from other organisations to attend Board meeting to discuss specific items as and when the agenda requires this.

Declaration of interests

There will be occasions when a Board Member has more than one legitimate interest that may conflict with matters coming to the Board for discussion, consideration or decision. In order to protect themselves and the business of the Board, members

should declare any potential conflict of interest at the time it arises to the chair of the Specialist Services Delivery Board in writing.

Individuals are not required to declare all associations they may have outside the work of the Board. Relevant interests may include both financial and non-financial interests. The test of relevance is whether the interest might reasonably be thought by the public to affect the way in which an individual discharges his or her duties. The test therefore is not whether an individual's actions will be influenced by the interest but whether the public might reasonably think that this may be the case.

The Chair of the Board will decide if any action needs to be taken as a result of the declaration including leaving the meeting for specific items under discussion. Any declaration and decision which follows will be recorded in the minutes.

Board members and attendees will also be required to declare any interest that may be a conflict of interest in line with their employing agency's own declaration of interest procedures and in particular where they relate to any services or activities being directly commissioned by the organisation they are employed by.

Roles and Responsibilities of Individual Members of the Board

- Act as a 'champion' for delivering improved Outcomes and Value for Money and the relating underlying principles of joint commissioning arrangements in Lincolnshire (including but not limited to safeguarding and the Early Intervention and Prevention agenda);
- Provide Strategic Leadership for the agreed joint commission priorities as well as the commissioning priorities within their parent organisation;
- Ensure decisions are taken in line and in compliance with the rules of each relevant agency;
- Actively identify and manage risk associated with the joint commissioning agenda;
- Ensure effective communication and engagement to and with their own organisations/groups and that relevant issues from their organisations/groups are fed back to the Board in a timely manner;
- Ensure communication across partners/stakeholders and work in cooperation with each other to ensure the Board fulfils its purpose and stated objectives;
- Undertake work on tasks assigned by the Board;
- Take a full and active part in the work of the Board;
- Attend meetings of the Board as scheduled;

- Provide support in order to hold each other and partners to account for ensuring action to address performance and appropriate joint investment in resources
- Ensure collective responsibility is observed in relation to decisions made and informed by the Board;

The Joint Delivery Board may request alternative representation from relevant agencies should individual board members not exercise their roles and responsibilities effectively.

8. Frequency of Meetings and Standard Agenda Items

The **Women and Children's** Joint Delivery Board will meet every month and if necessary hold extra-ordinary meetings if matters at hand require this.

The Joint Delivery Board meetings will include as a minimum the following standing agenda items:

- Monthly reporting on Relevant Budgets and KPI's in line with the requirements of the Service Chapters;
- Quarterly Safeguarding and Quality Assurance Reports (facilitated by the relevant Safeguarding Boards)
- An annual review of relevant commissioning strategies relating to the delivery of Specialist Services;
- An annual report on feedback from key stakeholders;
- Feedback from Health and Wellbeing Board, Joint Commissioning Board and other partnership groups, where relevant

Meeting Papers

Agenda items may be nominated by the membership no later than 2 weeks prior to each meeting. The agenda will be agreed by the Assistant Director for Joint Commissioning in discussion with the Chair and Vice Chair.

Papers for the agenda should be made available to the Assistant Director 6 working days before the scheduled meeting and the agenda should be distributed at least 4 working days before the scheduled meeting.

Extra-ordinary Papers should only be tabled in exceptional circumstances and with the prior agreement of the Assistant Director (or their deputy) and the Chair (or their deputy).

Questions

- Meeting is asked to confirm that proposals for the Urgent care Board to be excluded from the joint governance arrangements is endorsed
- Meeting is asked to consider the interface between LSSR and these governance arrangements
- Meeting is asked to consider governance arrangements for the neighbourhood teams
- Meeting is asked if existing CCG /CMB meeting is re focused to be the JCB

Part 3 - Governance Arrangements and Terms of Reference of the Proactive Care Joint Delivery Board (JDB)

10. Introduction

The Proactive Care JDB will oversee the local commissioning and provision of those services that have been agreed as being 'in-scope' to the 'Neighbourhood Team' model. The scope of services included (and excluded) from the overarching term Neighbourhood Team will be established as part of the LSSR workstream on Neighbourhood teams and then set out in the individual Service Chapters of an Section 75 agreement. Those chapters also provide details of the relevant performance, finance, resources and risk sharing arrangements.

The individual Service Chapters will be developed and reviewed incrementally and will include Services for people with:

- Prevention and Early Intervention
- Long Term Conditions;
- Intermediate Care
- Dementia;
- Older People;
- Carers.

The Proactive Care JDB is one of a small number of Joint Delivery Boards that will oversee the commissioning of local services and activities on behalf of Lincolnshire County Council, the Local Area Team of NHS England and the Lincolnshire Clinical Commissioning Groups. The Joint Delivery Boards will in turn be overseen by the Lincolnshire Joint Commissioning Board (JCB) and have links to associated and relevant boards.

The Joint Commissioning Board and Joint Delivery Boards will at all times be accountable to the relevant agencies subject to this section 75 agreement.

The individual Service Chapters of the Section 75 agreement will also set out the lead commissioning arrangements for each service or part of the service. The identified lead commissioner(s) will in turn complete the commissioning responsibilities in line with their own organisational constitutional decision making arrangements and in line with all relevant legislation.

11. Purpose and Remit of the Board

The principal functions of the Proactive Care JDB are to ensure the delivery of improved Health and Wellbeing (and associated priority Outcomes) for the people of Lincolnshire and other citizens who are eligible to access services commissioned locally. The Board should do so by making best economic use of and within resources available.

The Proactive Care Board is recognised within the Lincolnshire Sustainable Services Review as a key delivery vehicle for prevention and early intervention and in

securing the necessary shift from acute to community. This Board makes the largest contribution to reducing unnecessary emergency admissions and securing a profound shift towards integrated health and social care services around primary care - the neighbourhood team concept.

On behalf of Lincolnshire CCG's and Lincolnshire County Council the Proactive Care JDB will also facilitate the integration of commissioning activities and provision where ever this adds value and provides the most robust model for the construction of Neighbourhood Teams. It will work in partnership with a range of agencies and providers, ensuring resources are prioritised according to need and where they will achieve the most impact.

The Proactive Care JDB will prioritise commissioning activity and the coordination of services commissioned. The board will facilitate decisions about how resources are allocated across services and how they are to be pooled. This will include reviewing existing performance, services, activities and outcomes to identify where existing provision may need to be decommissioned to release resources to enable service re-design.

12. Key Responsibilities of the Board

The Proactive Care JDB will, for the relevant Service Chapters and on behalf of the agencies party to the Section 75 agreement, oversee:

- The identification of key Priorities and Outcomes for the Proactive Care JDB;
- And agree these key priorities with the Joint Commissioning Board and relevant agencies;
- The production and approval of relevant Needs Assessments and Resource Assessments (including but not limited to relevant sections of the Joint Strategic Needs Assessment (JSNA));
- The production and approval of relevant Self-Assessments and associated Action Plans;
- Compliance with agreed safeguarding strategy and policy;
- The development and ongoing maintenance of a risk register and associated mitigating actions;
- The development, approval and implementation of relevant Joint Commissioning Strategies and Plans to deliver agreed Priorities and Outcomes;
- The initiation and approval of equalities impact assessments;
- The development, annual review and ongoing monitoring of a robust performance management framework (and will receive and scrutinise quarterly performance monitoring reports);

- Facilitate associated funding and risk sharing agreements for each Service Chapter;
- The development and approval of Performance and Financial Targets;
- Oversight of the work program of the relevant integrated commissioning support team - which will include but will not be limited to the following commissioning activities:
 - Stakeholder Engagement, including the participation service users, carers and other stakeholders in commissioning processes and procedures;
 - Population Needs Assessment
 - Needs and Resource analysis;
 - Budget and Financial planning and management;
 - Review of the evidence of effectiveness
 - Service Specification;
 - Procurement;
 - Contract Management;
 - Quality Assurance;
 - Safeguarding;
 - Market Development and Management;
 - Service Planning;
 - Evaluation of services
 - Integrated workforce development (in particular around health, social care and wellbeing)
 - Compliance with agreed assessment processes and procedures;
 - Review of commissioning arrangements and spend;
 - Ensure compliance with agreed policies and working practices, including compliance with the relevant statutory requirements of each partner agency;
 - Equality and impact assessments;
 - Ensure all services commissioned are performance managed against agreed and measurable outcomes, inputs and outputs.

4. Joint Strategic Needs Assessment (JSNA)

It is a requirement that all Joint Commissioning Strategies developed by the Joint Delivery Board will take account of priority needs identified through the JSNA. In addition to the JSNA, the commissioning of services will also be informed via consideration of local political priorities; National Policy and Guidance, community/user feedback, demographic information and specialist needs assessments that target specific groups.

The Proactive Care Services Joint Delivery Board will use intelligence gained from the JSNA and other relevant needs and resources assessments and service user feedback to identify gaps in provision and performance and will hold other commissioners and providers to account for meeting agreed priorities.

5. Delegated Authority

The Proactive Care JDB operates within the authority delegated by statutory partners and or the Joint Commissioning Board.

Decision making processes will therefore need to reflect the governance arrangements of any overarching agreement and the statutory partners to ensure clear accountability. A key role for the Proactive Care Joint Delivery Board will be to ensure that decisions taken by the Board meet the governance requirement of any relevant Section 75 agreement and appropriate co-signatory agencies and are done so, within the appropriate timescales including confirming how such decisions will be facilitated and recorded.

The Health and Wellbeing Board will be a consultee for the Joint Commissioning Board (which the Joint Delivery Boards will report to). Where decisions are also required to be formalised by individual agencies they may also be required to be considered by relevant scrutiny bodies and other constitutional arrangements.

6. Board Membership and respective responsibilities

Core Membership of the Proactive Care Joint Delivery Board

The core membership will include:

- Clinical Chief Officer of the Lead (West) Clinical Commissioning Group;
- LCC Corporate Director with responsibility for Proactive Care;
- LCC Assistant Director for Transformation/Integration;
- Assistant Director from Public Health with the lead for 'Wellbeing';
- Nominated Clinical representative from either the South West, East or South CCG;
- Nominated Officer representative from either the South West, East or South CCG;
- Nominated Officer representative from the Local Area Team of NHS England
- HOS with relevant operational responsibilities eg. dementia, Intermediate Care, Wellbeing Chapters;
- Nominated Financial HOS from LCC;
- Nominated Finance Officer from West CCG.

Chair and Deputy Chair

The chair and deputy chair of the Proactive Care Joint Delivery Board will be agreed by the core members by nomination and if necessary by vote.

The Chair or Deputy Chair will chair the board meetings and will make decisions on whether Board meetings should proceed.

Quorum

Quorum will be 2 members from CCGs and 2 members from LCC (including Public Health). It is expected that voting should not be the default vehicle for decision-making and every effort should be made to secure consensus. In the event of disagreement majority and minority views should be referred to the Joint Commissioning Board. Voting on policy issues or resources is not permitted; these must be referred to the Joint Commissioning Board and relevant statutory partner as appropriate.

Alternates/Substitutions

Members of the Board will be required to attend in person or send their apologies. Deputies may attend on behalf of the individual Board member provided that they are able to fulfil the role and responsibilities and with the prior agreement of the Chair and prior notification to all core members of the Proactive Care Joint Delivery Board.

Additional Attendees

It is recognised that across all services strong partnerships exist with a number of providers of services from a range of sectors, including but not limited to Health Providers, the voluntary sector, the private sector and other commissioning bodies. In this context the Proactive Care Joint Delivery Board may invite representatives from other organisations to attend Board meeting to discuss specific items as and when the agenda requires this.

Declaration of interests

There will be occasions when a Board Member has more than one legitimate interest that may conflict with matters coming to the Board for discussion, consideration or decision. In order to protect themselves and the business of the Board, members should declare any potential conflict of interest at the time it arises to the chair of the Proactive Care Delivery Board

Individuals are not required to declare all associations they may have outside the work of the Board. Relevant interests may include both financial and non-financial interests. The test of relevance is whether the interest might reasonably be thought by the public to affect the way in which an individual discharges his or her duties. The test therefore is not whether an individual's actions will be influenced by the interest but whether the public might reasonably think that this may be the case.

The Chair of the Board will decide if any action needs to be taken as a result of the declaration including leaving the meeting for specific items under discussion. Any declaration and decision which follows will be recorded in the minutes.

Board members and attendees will also be required to declare any interest that may be a conflict of interest in line with their employing agency's own declaration of

interest procedures and in particular where they relate to any services or activities being directly commissioned by the organisation they are employed by.

Roles and Responsibilities of Individual Members of the Board

- Act as a 'champion' for delivering improved Outcomes and Value for Money and the relating underlying principles of joint commissioning arrangements in Lincolnshire (including the Early Intervention and Prevention agenda);
- Provide Strategic Leadership for the agreed joint commission priorities as well as the commissioning priorities within their parent organisation;
- Ensure decisions are taken in line and in compliance with the rules of each relevant agency;
- Actively identify and manage risk associated with the joint commissioning agenda;
- Ensure effective communication and engagement to and with their own organisations/groups and that relevant issues from their organisations/groups are fed back to the Board in a timely manner;
- Ensure communication across partners/stakeholders and work in cooperation with each other to ensure the Board fulfils its purpose and stated objectives;
- Undertake work on tasks assigned by the Board;
- Take a full and active part in the work of the Board;
- Attend meetings of the Board as scheduled;
- Provide support in order to hold each other and partners to account for ensuring action to address performance and appropriate joint investment in resources
- Ensure collective responsibility is observed in relation to decisions made and informed by the Board;

The Proactive Care Joint Delivery Board may request alternative representation from relevant agencies should individual board members not exercise their roles and responsibilities effectively.

8. Frequency of Meetings and Standard Agenda Items

The Proactive Care Joint Delivery Board will meet at least 104 times a year and if necessary hold extra-ordinary meetings if matters at hand require this .

The Joint Delivery Board meetings will include as a minimum the following standing agenda items:

- Monthly reporting on Relevant Budgets and KPI's in line with the requirements of the Service Chapters;
- Bi-annual Safeguarding and Quality Assurance Reports (facilitated by the relevant Safeguarding Boards)
- An annual review of relevant commissioning strategies relating to the delivery of Proactive Care Services;
- An annual report on feedback from key stakeholders;
- Feedback from Health and Wellbeing Board, Joint Commissioning Board and other partnership groups, where relevant

Meeting Papers

Agenda items may be nominated by the membership no later than 2 weeks prior to each meeting. The agenda will be agreed by the Chair and Vice Chair.

Papers for the agenda should be made available to the Chair and Vice-Chair 6 working days before the scheduled meeting and the agenda should be distributed at least 4 working days before the scheduled meeting.

Extra-ordinary Papers should only be tabled in exceptional circumstances and with the prior agreement of the Chair.