

The Children & Young People's Board

TERMS OF REFERENCE

April 2022

1. Purpose

The purpose of the Children & Young People's Board will be to provide oversight and assurance of the design and delivery of an integrated system to improve health and wellbeing outcomes for Children & Young People. Including minimising the impact of the wider determinants of health, reducing health inequalities and overseeing service transformation, performance, quality and improvement.

Specific task groups of the Board will focus on agreed priorities determined by the NHS Long Term Plan, the Health and Wellbeing Boards strategic plans and emerging local need. This will require the Children Board to:

- Lead the design and delivery of a sustainable work programme for CYP including:
 - Prevention advice and guidance
 - Supporting delivery of personalised care for CYP
 - Building resilience
 - Delivering a virtual-first approach for CYP health services
 - Providing enhanced care in community settings
 - Resetting demand for CYP acute services
 - Reviewing and developing the CYP system workforce as part of the ICS Childrens Plan
 - Supporting development of a joint Planning and Commissioning Strategy between partners
 - Supporting delivery of the Looked after Children (LAC) strategy and ensuring that all health providers prioritise LAC
 - Supporting delivery of the SEND agenda, including an effective and seamless response for 18-25 year olds
 - Supporting the Mental Health Collaborative in the delivery of the children and young people emotional wellbeing and mental health transformation programme, including an effective and seamless response for 18-25 year olds
 - Having a key interrelationship with the Local Maternity and Neonatal System (LMNS).

The group will also be required to:

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- Review strategic priorities, taking into account reports from independent regulators (e.g. CQC, OFSTED) and other key bodies
- Seek assurance that the programme can evidence co-production, communication, engagement and where required consultation and demonstrate the impact of changes being made.
- Be a system-wide body that considers CYP health and wellbeing investment / disinvestment plans and their impact on strategic priorities and make recommendations to the Integrated Care Board
- Utilise a task & finish working group approach to enable transformation supporting the Mental Health Collaborative and SEND Improvement Board to deliver the local priorities; Asthma, Epilepsy, Diabetes, Obesity, Infant Mortality, Out of Hospital Care, SEND and Mental Health & Emotional Wellbeing.
- Provide a route for further escalation of issues, risks and quality and performance issues to the ICS quality forum if issues cannot be resolved.

2. Responsibilities

The duties of the Children & Young People's Board will include the following:

- The group will be responsible for the oversight of health services currently provided for the 0-19 age group across Herefordshire & Worcestershire ICS. This will be extended to the 0-25 age group for certain areas of work (e.g. SEND and Children Looked After).
- The members will:
 - Receive highlight reports and assess progress against CYP health priorities as identified in the NHS Long Term Plan, System and local CYP Partnership plans. This will include providing solutions/mitigations to issues and risks that have arisen
 - Discuss, create and implement new processes and pathways as and when they are needed
 - If urgent/high risk matters are identified, these may be reported by the Chair directly to Integrated Care Executive Leadership Team who will ensure that a decision is made and escalate to the most appropriate forum for discussion.

3. Membership

The Children & Young People's Board shall consist of the following:

| Board Members | Role | Organisation |
|---------------|--|-------------------------------|
| | | |
| Chair | Senior Responsible Officer CYP Programme | HW ICB |
| Vice Chair | Clinical Lead CYP & Maternity | HW ICB |
| | Consultant in Public Health | Worcestershire County Council |
| | Consultant in Public Health | Herefordshire Council |
| | Director Children's Services | Worcestershire Children First |

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| Board Members | Role | Organisation |
|---------------|---|--|
| | Director Children's Services | Herefordshire Council |
| | Clinical Director for Women and Children | Wye Valley NHS Trust |
| | Clinical Director for Paediatrics | Worcestershire Acute Hospital Trust |
| | Clinical Director for Community Paediatrics | Herefordshire & Worcestershire Health & Care Trust |
| | GP PCN Clinical Director | Herefordshire |
| | GP PCN Clinical Director | Worcestershire |
| | Executive Director of Strategy and Partnerships | Herefordshire & Worcestershire Health & Care Trust |
| | Executive Director of Strategy, Improvement and Planning | Worcestershire Acute Hospitals Trust |
| | Managing Director | Wye Valley NHS Trust |
| | Associate Director for Nursing and Quality/Designated Nurse for Safeguarding. | HW ICS |
| | Families in Partnership | Worcestershire |
| | Parent Carer Voice | Herefordshire |
| | Children & Young People Participation group (to be established) | |
| | Healthwatch | Worcestershire |
| | Healthwatch | Herefordshire |
| | Deputy Director for Transformation Children and Young People Programme Director | Midlands Region NHS England and NHS Improvement |
| | Lead for Mental Health, Learning Disabilities and Children | HW ICB |
| | Senior Manager Personalised Care, Prevention and Population Health Management | HW ICB |
| | Programme Lead Children, Young People & Maternity | HW ICB |

The nominated Board member can identify an appropriate deputy to represent their organisation.

The Chair of the Board shall be the Senior Responsible Officer for the CYP Programme, as detailed in the above table.

Where the Chair is unable to attend the meeting, the meeting shall be chaired by the Clinical Lead for CYP and Maternity.

Other representatives may be invited to attend as required.

4. Role of members

Members of the Board represent their organisations, and the views of their Governing Bodies. The expectation is to establish a shared view and consensus across the system.

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Members shall also provide visibility within their own organisations of the considerations of the group and ensure that issues and proposed solutions are discussed through the appropriate governance arrangements.

5. Decision making

The group does not have formal delegated authority to make decisions or commit financial expenditure. A summary report following each meeting shall be circulated to Integrated Care System Executive Forum and minutes of the group will be available upon request

When making recommendations members of the group will work constructively and pragmatically to reach a consensus position where all agree. Where members do not feel they are in a position to support a decision, they reserve the right to refer the issue back through their respective organisation governance arrangements. Members should clearly state their position and ask that it be recorded in the minutes of the meeting.

6. Meetings

The group shall meet on a quarterly basis.

Where an additional meeting is required outside of the established meeting frequency is shall be for the Chair to convene the meeting, providing five clear working days' notice.

7. Administration

The administration and minute taking for the group is the responsibility of the Children and Young Peoples Team at the CCG.

Papers will be circulated one week in advance of the meeting, to enable members to consider the implications for their own organisations in advance of the meeting. Where this is not possible, any later circulation must be agreed with the Chair in advance.

An action log of key actions, risks and issues will be completed and outstanding items will be reviewed at each meeting. Completed actions will be archived.

8. Reporting arrangements

The group does not replace any existing statutory accountabilities of member organisations.

The group will be accountable to the Integrated Care Board of the Herefordshire & Worcestershire Integrated Care System. Draft ICS Governance Framework attached at Appendix 1

A summary report following each meeting shall be circulated to Integrated Care Executive Leadership Team and place based Strategic Partnership Groups.

A stakeholder communication on progress will be provided after each meeting.

Reports will be submitted to Health and Wellbeing boards on a six-monthly basis.

Members are responsible for reporting into their constituent bodies

9. Conduct of the Committee and Conflicts of Interest

The group shall conduct its business in accordance with national guidance, relevant codes of practice including the Nolan Principles and the conflicts of interest guidance and policy.

Members are required to state for the record any interest relating to any matter to be considered at each meeting. These conflicts will be recorded in the minutes and where necessary an individual may be asked to withdraw from the meeting for that part of the agenda.

Should the Chair of the meeting have a conflict of interest which necessitates their absence from the meeting, the role of Chair should be undertaken by the Deputy Chair.

10. Equality Statement

The group is committed to promoting equality in all its responsibilities – as commissioners of services, as a partner in the local economy and as an employer. The group has a duty to ensure that it contributes to ensuring that all users and potential users of services and employees are treated fairly, respectfully with regard to the protected characteristics of age, disability, gender reassignment, marriage or civil partnership, pregnancy and maternity, race, religion, sex and sexual orientation.

11. Review

These Terms of Reference will be reviewed in six months or sooner if required and recommendations made to the Integrated Care Executive Leadership Team for approval.

Date approved: 28.04.2022

Review date: 28.10.2022

Appendix 1 Draft Governance Structure

Integrated Care Board

Proposed governance structure sitting beneath the Integrated Care Board

