

## Greater Manchester Children's Health and Wellbeing Board

### Terms of Reference

In April 2016 Greater Manchester was granted devolved responsibilities over the health and social care system, giving rise to the Greater Manchester Health and Social Care Partnership. The publication of *Taking Charge* provided a five year plan for the improvement of the health and wellbeing of Greater Manchester residents. Within this plan children's health services are specifically identified as an area requiring transformation.

In parallel to this report, Greater Manchester Local Authorities undertook a review of services for children resulting in a transformation and improvement plan developed across the ten authorities and a proposal to Government in respect of further devolution of responsibilities linked to more effective joint working. This combined work will give rise to shared governance and some shared functions at the GM level, as set out in section 4.2, with the aim of improved health outcomes for children and young people as well as improved safeguarding, early help and education.

The establishment of the Greater Manchester Children's Health and Wellbeing Board will provide oversight for the delivery of improvements to children's health and health care in Greater Manchester, whilst strengthening links with the Local Authority service improvements and the work of other partner organisations. It will bring together providers and commissioners of children's health care services, and other stakeholders to reflect the work of the entire system.

The role of this board will seek to co-ordinate children's health transformation activities in Greater Manchester, facilitating joint working whilst avoiding duplication. It will set the strategic direction to improve health outcomes, including the development of an overarching health strategy and high level delivery plan. It will draw on work from a variety of programmes and all sectors in seeking to secure a 'whole child approach'. To this end it will seek to influence and support the wider determinants of health including the work of the GMCA and local organisations in, for example, addressing poverty, improving educational outcomes, promoting economic opportunity and securing better housing. It will complement the work of the wider Children's Commission and the work of the Education and Employability Board and Standards Board. This will ensure a collective GMCA focus on outcomes for children across the totality of their needs.

This Board will be jointly accountable to the Health and Social Care Partnership Board (through the Health and Social Care Partnership Board Executive) and the GM Public

Services Reform Board. It will be chaired by the Chief Officer of the GM Health and Social Care Partnership.

## 1. Aims

**Overarching Aim:** to deliver the fastest and greatest improvement in the health and wellbeing of the 770,000 0–25 year old children and young people of Greater Manchester, creating a strong, safe and sustainable health and care system that is fit for the future.

- 1.1 Oversee the development of a strategic plan for the improvement of children's health outcomes within Greater Manchester, taking a whole system approach for the health and wellbeing of infants, children, young people and families.
- 1.2 Oversee improvements within children's health services within Greater Manchester and links to education and early years programmes delivered by partner organisations that enable the delivery of local early help to families.
- 1.3 Support the strategic leadership and direction in the development of children's health services in Greater Manchester
- 1.4 Contribute to improved child safeguarding and better outcomes for looked after and adopted children, including care leavers through links to the wider children's services devolution agenda.
- 1.5 Improving health and wellbeing outcomes of children and young people with particular needs including those with long term and life limiting conditions, those experiencing mental health difficulties, children with disabilities, young offenders, young carers, those who have experienced abuse and exploitation, and young people at the end of life
- 1.6 Adopt an asset based approach that enables children and young people to have the fullest life possible and which supports them, their families and other carers in informed decisions
- 1.7 Align resources, knowledge and expertise across organisational boundaries to drive integration of services and draw on regional and national expertise to inform best practice
- 1.8 Improve the timeliness of decision making in the interests of children and young people by removing barriers to innovation and joint working
- 1.9 Contribute to the reduction in variation in quality of children's health services across Greater Manchester to reduce inequalities and improve health outcomes
- 1.10 Ensure children, young people and parents and carers are involved in service planning at a strategic level within Greater Manchester

1.11 Ensure children, young people and parents and carers are involved in decision making at a child / family level, ensuring co-production of decisions

1.12 Build on the needs and requirements of infant, children and young people in all our GM Health and Social Care work programmes

## **2. *Specific Objectives and Responsibilities of the Greater Manchester Children's Health and Wellbeing Board***

2.1 Develop and oversee delivery of a Greater Manchester Children's Health Strategy

2.2 Review and align member organisations' strategy and planning based on needs analysis and specific requirements

2.3 Improve access to data and wider knowledge about children and young people's health need, and learn from & disseminate best practice on the best ways to meet those needs

2.4 Work with the Population Health Board to ensure effective contribution of population health programmes in the 'Start Well' strand of the Population Health Plan to the overall Strategy

2.5 Work with "Transforming community based services" partners to strengthen the role of primary and other community care systems in meeting the needs of children and young people, including reducing unnecessary hospitalisation

2.6 Ensure there is equal focus on integration of children's and young people's services at locality level within Greater Manchester as there is on adult services

2.7 Work with the "Standardise hospital care" Board to ensure optimum organisation of acute children's services across Greater Manchester, as described in Theme 3 Standardisation of specialised and acute care

2.8 Align and standardise pathways between primary, secondary and acute care, as described in the aims of the strategic plan; improve population health, improve community based services and standardise hospital care.

2.9 Provide appropriate leadership and governance for the implementation of the Greater Manchester Maternity Transformation Plan

2.10 Ensure that we secure parity of esteem within our work on children's services, including ensuring the work of the Mental Health Implementation Executive is fully aligned with the overall Children's Health Strategy

- 2.11 Ensure appropriate capacity of acute and community services for population demands
- 2.12 Work with different parts of the system to ensure better transitions for children and young people, in particular from childhood to adulthood
- 2.13 Ensure the needs of infants, children and young people are fully reflected in locality plans and implemented
- 2.14 Ensure that the needs of children and young people are fully reflected in the GM Health and Care Workforce strategy, including addressing shortages in specialist roles and ensuring coverage in professional training and development
- 2.15 Ensure that needs of children and young people are fully reflected in the GM Information Management and Technology Strategy, including appropriate information sharing and use of apps and other software to increase personal choice and control
- 2.16 Ensure that the opportunities to improve care for children and young people are fully recognised in the work of Health Innovation, including the role of medicines and devices
- 2.17 Identify priorities and receive reports on progress from the key planning groups which report to the Board
- 2.18 Delegate issues requiring detailed consideration to the appropriate sub group or partner organisation
- 2.19 Make recommendations on the development of services for children and young people within Greater Manchester

### **3 Accountability and operational processes**

- 3.1 The Group will initially meet on a quarterly basis using a facilitated workshop approach
- 3.2 The meeting will be quorate when 75 percent of members are represented at the meeting which will exclude members who are deputising for main members. The Chair can alter this requirement in light of the business under discussion
- 3.3 Members are expected to communicate issues from the groups they represent to the Board and take issues from it back to the groups and organisations they represent
- 3.4 Members must strive to attend all meetings. In the event that they cannot attend, they must notify the chair or secretariat and nominate a deputy
- 3.5 Engagement from children, parents and carers and families will be addressed using a networked approach.

The secretariat function will be provided by the Greater Manchester and Eastern Cheshire Strategic Clinical Networks (SCN).

## **4 Greater Manchester Children's Health and Wellbeing Board Governance**

### **4.1 Membership**

The membership of the Greater Manchester Children's Health and Wellbeing Board will reflect the full breadth of the Greater Manchester children's health and wellbeing system, which is made up of a large number of organisations and bodies. Members of the Board remain wholly accountable to their organisations, and thus should be sufficiently empowered to discuss and influence the strategic direction of that organisation in a partnership context. Members are expected to ensure a two-way communication between the GMCH&WB Board and other related Boards they are on to promote cohesion and reduce conflict and duplication.

The board will have a membership as set out in the table below. The membership is formed from the need to balance inclusiveness of all relevant groups with the need to keep the board relatively small and a functioning decision-making unit.

Each group or organisation will be represented by a named individual who is (or individuals who are) committed to consistent attendance at board meetings. The board will invite representatives of other bodies or organisations as its agenda requires. Similarly organisations or bodies may make a request to the chair that they are directly represented at a particular meeting or agenda item.

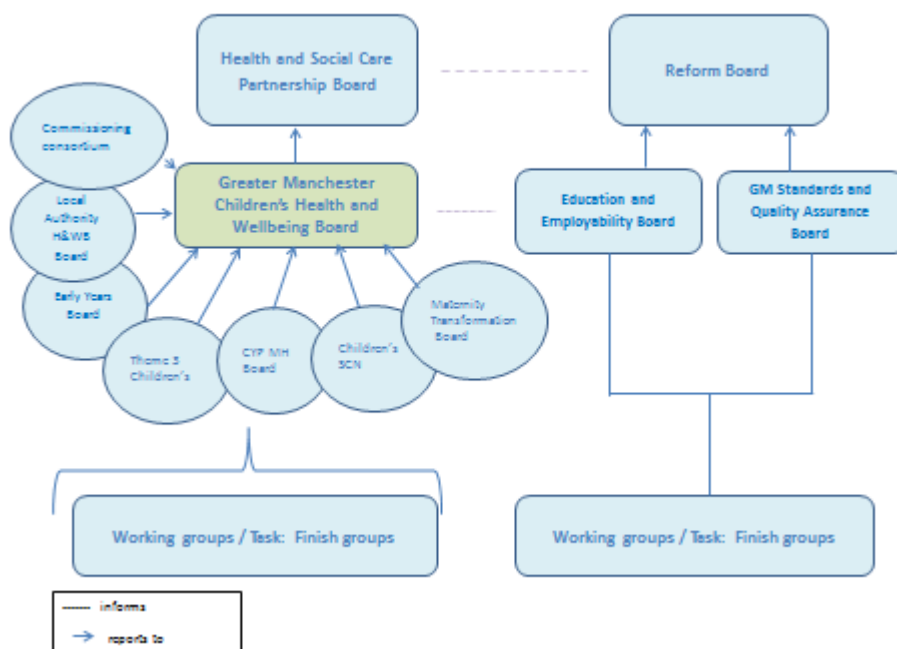
## Greater Manchester Children's Health and Wellbeing Board

MEMBER	REPRESENTATIVE
Greater Manchester Health and Social Care Partnership	Jon Rouse (Chair) Warren Heppolette Richard Preece Sarah Price
<b>Commissioners</b>	
Regional Schools Commissioner	Vicky Beer
CCG Commissioner(s)	Trish Anderson Melissa Laskey
Population Health / Commissioning Public Health	Jane Pilkington
Lead Member for GM Children's Devolution	Councillor Cliff Morris
<b>Public Health</b>	
Greater Manchester Combined Authority	Andrew Lightfoot
Head of Public Health Operations - GMHSCP	Martin Ashton
Director of Public Health	Andrea Fallon
<b>Local Authority</b>	
LA CEO	Jim Taylor
Public Sector Reform	Jane Forrest Jacob Botham
Director of Children's Services (including safeguarding)	Chris McLoughlin Charlotte Ramsden Stephanie Butterworth Gill Gibson
<b>Education</b>	
LA Rep	Cathy Starbuck
Head Teacher Representative(s)	Rebecca Dunne
University Education / Research Representative(s)	Andrew Rowland Carol Ewing
School Governors	Andrew Kent
16 -19 Education Representation	John Spindler
Secondary Education Representative	Lisa Fathers
<b>Service User</b>	
Families and Children Representative(s) 3 <sup>rd</sup> Sector / Voluntary Representative(s) Parent / Carers voice	Charlotte Underwood / Alexandra Grey TBC Elizabeth Stanley
<b>Health Care</b>	
Clinical Representative(s):	Carol Ewing Mark Robinson Sandeep Ranote Julie Flaherty Gill Gibson
Strategic Clinical Networks	Julie Cheetham

Network / Programme Managers Northern Children's Rehabilitation Board	John Herring / Alison McGovern Naomi Davies
GM Maternity Transformation Board Chair	Richard Preece
Primary Care Representative General Practitioner Representative(s)	Tracey Vell Ruth Bromley
Community Provider	Colin Scales
NHS Transformation Theme 3 NHS Transformation Theme 2	Darren Banks Lisa Stack
Provider Federation Board	Darren Banks
Northern Children's Rehabilitation Board	Naomi Davis
<b>Justice</b>	
Greater Manchester Youth Justice	Marie McLaughlin
<b>Collaboration of charities</b>	
42nd Street	Simone Spray
Youth Focus NW	Elizabeth Harding
<b>Other Groups</b>	
Shared Health Foundation	Michael Oglesby
Greater Sports	Yvonne Harrison
Children's Alliance	Jacqueline Cornish
<b>IN ATTENDANCE</b>	
Administrator	SCN Children's Project Manager (TBC)

The board may focus on particular themes for part of each of its meetings. The board will therefore invite expert representatives of other bodies or organisations as its agenda requires. Similarly organisations or bodies may make a request to the chair that they are directly represented at a particular meeting or agenda item.

## **4.2 Governance Structure**



### 4.3 Responsibilities of Board Members

Board members and their substitutes are expected to do the following:

- 4.3.1 The members of the board (and through them the organisations they represent) will cooperate to promote the wellbeing of children, 0-25 years of age
- 4.3.2 The Board members remain individually accountable to the executives of the participating organisations or represented bodies
- 4.3.3 All members will read the papers prior to attending meetings
- 4.3.4 A member of the Board who is unable to attend a Board meeting may appoint a substitute to attend in his or her place provided that:
  - The substitute is a member or employee of the same organisation as the person for whom they are substituting
  - The substitute has been given the same authority to represent an commit (where applicable) the organisation as the person for whom they are substituting
  - Any substitution must be a single appointment for the whole meeting
- 4.3.5 In undertaking these responsibilities the members of the Board will ensure that it continues to:



- Consult with appropriate forums and groups
- Ensure that the participation of children, young people and families is integral to their work
- Take account of statutory guidance in developing local agreements
- Oversee arrangements for effective sharing of information across the partner agencies

## **5 Accountability**

5.1 Recommendations made by the Board will be formally referred to the relevant statutory decision making bodies for approval where appropriate. There is an expectation that Board recommendations will be endorsed as all key stakeholders will have been involved in the development process

5.2 The main focus of the Board is on the 0 -25 age range. There is some flexibility with this to ensure statutory responsibilities are met

5.3 Those stakeholders with statutory responsibilities will retain responsibility for meeting their individual statutory duties and responsibilities.

## **6 Meetings of the Board**

### **6.1 Frequency of meetings**

The Greater Manchester Children's Health and Wellbeing Board will meet for 2.5 hours on a quarterly basis. They may meet on a more frequent basis during the initial stages.

### **6.2 Agenda**

Agenda items and papers will be accepted up to ten days before the meeting date. The agenda and papers will be sent to members 7 days before the meeting.

### **6.3 Term and review**

The Greater Manchester Children's Health and Wellbeing Board will have an indefinite term and agree. It will review its terms of reference, membership, work plan and infrastructure requirements in April 2018 and then annually thereafter.

### **6.4 Declarations of interest**

All partners engaged with the Greater Manchester Children's Health and Wellbeing Board are required to declare any interests which could influence the decisions they make.

### **6.5 Minutes**

The minutes of the board will be made public.

### **6.6 Review**

The terms of reference will be reviewed annually