

HARINGEY CHILDRENS TRUST

Working together for the children of Haringey

PROTOCOL AND TERMS OF REFERENCE

Agreed : Haringey Strategic Partnership meeting 23 June 2009
Review: TBA

1. INTRODUCTION

- 1.1 This protocol sets out the terms of reference, priorities, membership and operational arrangements for the Haringey Children's Trust (HCT).
- 1.2 While the protocol is not intended to be legally binding, the partner agencies have all individually agreed the protocol and the establishment of the HCT. They are all committed to collaboration in order to achieve the outcomes for improving children's services intended by the establishment of the HCT.

2. GOVERNANCE ARRANGEMENTS

- 2.1 The HCT has been established in recognition of the duties imposed on the partner agencies by the Children Act 2004 and the "Every Child Matters" (ECM) framework in order to secure the integrated delivery of children's services by the partner agencies. Section 10 of the Act creates a specific duty to co-operate in making arrangements to improve the well-being of children in the Borough.
- 2.2 The HCT is a sub-group of the Local Strategic Partnership, known as the Haringey Strategic Partnership (HSP). The HSP membership includes senior representation of all partner agencies with responsibilities for children's services in the Borough.
- 2.3 The aim of the HCT is to provide strategic leadership for all Haringey's children's services covering all aspects of partnership working and the delivery of frontline services. The HCT is set up to co-ordinate and ensure the effectiveness of children's services and to improve outcomes for all children and young people in line with the 5 key outcomes in the ECM framework.
- 2.4 The HCT is not a separate organisation or legal entity in its own right. Each partner agency represented on the HCT retains its own legal responsibilities and its own existing lines of accountability for service delivery. Although the HCT does not have the power to direct its partner agencies, it will bring any concerns to the attention of the relevant partner and, if necessary, report any serious problems to the appropriate Government Department.
- 2.5 The main decision-maker for the HCT will be its Trust Board comprising representatives of all the partner agencies. The Trust Board will report regularly to the HSP.
- 2.6 The HCT Trust Board will appoint an Executive Performance Management Group to co-ordinate its agenda and forward planning. This is provided for in section 8 below.

2.7 Sub-groups of the HCT are established to facilitate multi-agency delivery of the Children's and Young People's Plan (CYPP) in a framework to be agreed by the Trust Board. This is provided for in section 9 below.

2.8 The HCT has adopted the Nolan Committee's seven principles of public life. All representatives and partner agencies will have regard to these principles in the work of the HCT. These principles are:

- (1) Selflessness
- (2) Integrity
- (3) Objectivity
- (4) Accountability
- (5) Openness
- (6) Honesty
- (7) Leadership

3. VISION

3.1 The vision of the HCT is as follows :

"We want every child and young person in Haringey to be happy, healthy and safe with a bright future."

(this vision is taken from the current CYPP and is likely to change with the development of a new plan)

4. TERMS OF REFERENCE

4.1 The terms of reference of the HCT are as follows:

(i) to develop and publish a child and family-centred outcome led vision for all children and young people in a Children and Young People's Plan which incorporates all partners' strategies related to children and young people.

(ii) to put in place robust arrangements for inter-agency governance and performance measurement of all the Every Child Matters outcomes for children and young people.

(iii) to develop integrated strategy, joint planning and commissioning and pooled and aligned budgets to deliver the Children and Young People's Plan.

(iv) to deliver child safeguarding services through integrated processes, and effective multi-agency working underpinned by shared language and shared processes.

(v) to develop and promote integrated frontline delivery of services organised around the needs of the child, young person or family rather than professional or institutional boundaries.

4.2 These terms of reference are subject to review by the HCT Trust Board after 12 months from the agreement of this protocol.

5. KEY PRIORITIES

5.1 The key priorities of the HCT derive from Haringey's Joint Strategic Needs Assessment and they are as follows:

(i) identifying children and young people at risk of harm or failure and securing early intervention to ensure that they are safe and can thrive.

(ii) narrowing the gap, especially in educational attainment, between vulnerable children and others while improving the lives of all children.

(iii) reducing child poverty.

5.2 The achievement of these priorities will be facilitated by the commitment of the partner agencies to:

(i) listen to the views of children and young people, and their parents and carers, about the services they need and to involve them all in the delivery of those services.

(ii) promote joint working between all professionals having responsibilities for children and young people.

(iii) ensure effective commissioning, planning and delivery of services for children and young people based on a robust analysis of their needs and to use resources flexibly and creatively.

(iv) overcome barriers to sharing and using information.

6. MEMBERSHIP OF THE H.C.T. TRUST BOARD

6.1 The membership of the HCT Trust Board comprises the following partner agencies with the representatives as indicated:

(i) 4 +1ex officio Members of Haringey Council i.e.

- the Cabinet Member for Children and Young People's Services

- the Leader of the Council (ex officio)
 - the Cabinet Member for Safer Communities and Enforcement
 - a Majority Group Councillor
 - a Minority Group Councillor
- (ii) 3 officers of Haringey Council i.e.
- the Chief Executive
 - the Director of Children and Young People's Services
 - the Head of Safer and Stronger Communities (for the Youth Offending Service)
- (iii) The Chair of the Local Safeguarding Children Board
- (iv) 3 representatives of the Teaching and Primary Care Trust i.e.
- the Chief Executive
 - the Executive Director
 - 1 non-executive Director
- (v) Haringey Police – the Borough Commander
- (vi) Mental Health Trust – Chief Executive/Director of CAMHS
- (vii) Whittington Hospital – Chair of Trust/Chief Executive
- (viii) North Middlesex Hospital - Chair of Trust/Chief Executive
- (ix) 2 representatives of Great Ormond Street Hospital
- Partnership Director of Operations
 - 1 non-executive Director
- (x) General Practitioner representative
- (xi) 3 representatives of the Haringey Voluntary Sector via Community Link
- (xii) 1 representative of HAVCO
- (xii) College of North East London – Principal

- (xiii) Learning and Skills Council – Chief Executive
- (xiv) 3 chairs of the Area Children’s Partnerships
- (xv) 2 nominations from the Haringey Youth Council
- (xvi) 3 representatives of Haringey Schools – 1 x primary, 1 x secondary & 1 x special
- (xvii) 1 representative of the Sixth Form College
- (xviii) 1 representative of Job Centre Plus.

6.2 The Chair of the HCT Trust Board will be the Cabinet Member for Children and Young People’s Services.

6.3 The Trust Board will elect a Deputy Chair to undertake all the functions of the Chair in the event that the Chair is absent or unable to perform them for any reason.

7. MEETINGS OF THE H.C.T. TRUST BOARD

7.1 Meetings of the Trust Board will take place on 6 occasions in the year in accordance with a calendar agreed annually in advance. The Chair may agree to summon additional meetings if necessary or may cancel meetings depending on the volume of business.

7.2 Quorum. A Trust Board meeting will have a quorum if [8] accredited representatives are present including at least one of each of the following:

- (i) the Chair or Deputy Chair of the HCT
- (ii) an officer of Haringey Council, and
- (iii) a representative of the Teaching and Primary Care Trust.

7.3 Representatives of non-partner agencies or other specialists who are not members of the HCT may be invited by the Chair to attend meetings for specific items or purposes.

7.4 Advance consultation with partners on all significant decisions or proposals is expected. Draft reports or papers should be circulated to other partners for comment 14 days before presentation to the Trust Board.

7.5 The agenda and all written reports/papers for each meeting will be forwarded to the Chair for clearing at least 7 clear working days before

the meeting. Although the Chair can request a partner agency or representative to amend or withdraw or defer a report, any disputes will be resolved by the Executive Performance Management Group.

- 7.6 With permission of the Chair in cases of genuine urgency, a report or paper may be considered by the Trust Board if it is impracticable to comply with paragraphs 7.4 and 7.5 above.
- 7.7 All representatives on the HCT Trust Board will declare any personal interest they may have in any agenda item or other matter under discussion at the start of the meeting. This would include any case where there was a real possibility of personal gain for a representative or the representative's family or close friends. It would not include interests of a strategic or general professional kind or the publicly known/accessible interests of a partner agency. Unless the representative decides to leave voluntarily, the Chair will determine whether the representative must leave the meeting for that item. The test is whether an informed and objective observer would reasonably regard the personal interest as so significant that it would be likely to prejudice the representative's judgement of the public interest.
- 7.8 Whenever possible decisions of the Trust Board will be reached by consensus. If necessary, and in the discretion of the Chair, a disputed decision will be put to the vote by those representatives present. In the event of a tied vote the Chair will have a casting vote.
- 7.9 A full minute must be kept to record all decisions or actions agreed by the Trust Board and the reasons for them.
- 7.10 The Chair has the right to determine all questions relating to the procedure and conduct of meetings.
- 7.11 The public and media have no right to attend meetings but, in the discretion of the Chair, they may be allowed to attend part or all of a meeting. There is a presumption that meetings will be open to the public unless it would not be in the public interest to permit this.
- 7.12 When required by the sensitive nature of the matter under discussion, the Chair will indicate that oral or written information must be treated as confidential by all representatives at the meeting. Confidential information shall only be released to those persons within a partner agency having a genuine need to know and must not be released into the public domain.
- 7.13 It is the responsibility of each representative on the Trust Board to be clear about the scope of the decision-making powers delegated to them by their partner agency and to make this known when relevant at meetings of the Trust Board.

7.14 When decisions of the Trust Board require a further formal decision, or ratification, by a partner agency to become legally effective, it will be the responsibility of the relevant representative to ensure that the matter is duly referred on to the formal decision-making body of the partner agency and to report the outcome to the Trust Board.

8. EXECUTIVE PERFORMANCE MANAGEMENT GROUP

8.1 The Executive Performance Management Group (EPMG) of the HCT will have the following roles:

- (i) to direct the agenda and forward planning for the HCT;
- (ii) to manage and monitor the implementation of the Joint Area Review Action Plan;
- (iii) to manage reporting arrangements between the HCT, its Sub-groups and the Local Safeguarding Children Board;
- (iv) to make decisions in cases of genuine urgency between meetings of the Trust Board;
- (v) to undertake performance management of key issues and outcomes from the Children and Young People's Plan and local area agreement.
- (vi) to ensure follow up of decisions made at Trust Board meetings.

8.2 The membership of the EPMG will comprise the following:

- (i) the Chair and Deputy Chair of the HCT Trust Board;
- (ii) the Director of Children and Young People's Services;
- (iii) a representative of the Metropolitan Police;
- (iv) a representative of the Teaching and Primary Care Trust; and
- (v) a representative from the Haringey Voluntary Sector.

8.3 Quorum. A meeting of the EPMG will have a quorum if [3] accredited representatives are present including either the Chair or the Deputy Chair of the Trust Board.

8.4 The EPMG will report its actions to the meetings of the Trust Board but any decision taken by the EPMG in cases of urgency will be valid and capable of immediate implementation (where this is otherwise legally possible) without ratification by the Trust Board.

8.5 The EPMG will be subject to the rules of procedure for the Trust Board as set out in paragraphs 7.4 to 7.14 above except that meetings of the EPMG will not generally be open to the public or media.

8.6 Meetings of the EPMG may be summoned by the Chair or the Deputy Chair of the HCT Trust Board as and when necessary, but the expectation is that the EPMG would meet once between each meeting of the Trust Board.

9. SUB-GROUPS STRUCTURE

9.1 Working Sub-Groups will be established to support the HCT in undertaking its responsibilities. Reporting between the Trust Board and its Sub-groups will be managed by the EPMG.

9.2 There are to be three Sub Groups known respectively as the North, West and South Children's Partnerships and based upon existing Children's Area Networks. These will be supplemented by additional sub groups, to be established as and when needed by the Trust Board that would have a Borough wide remit.

10. FINANCE

10.1 The HCT will influence the way in which funding available to partner agencies is used to improve outcomes for children and young people and their families.

10.2 The HCT will make plans for the integration and alignment of budgets including, where appropriate, the use of prescribed arrangements under section 75 of the National Health Service Act 2006 for the procurement of staff, goods and services.

10.3 The HCT will influence the way in which mandatory pooled funds, such as CAMHS, KDAAT and YOT, are allocated in order to improve outcomes.

11. SPECIFIC UNDERTAKINGS BY PARTNER AGENCIES

11.1 Partner agencies commit themselves to meet the obligations set out below to the best of their ability and in the manner most appropriate for each agency:

- (i) Taking responsibility for developing, publishing and monitoring the Children and Young People's Plan (CYPP);
- (ii) Ensuring that the "duty to co-operate" is understood and acted upon within each partner agency;

- (iii) Ensuring that the needs assessment that informs the CYPP is regularly reviewed with particular attention paid to those children in need of protection;
- (iv) Ensuring that all assessments of need for children and their families include evidence from all the professionals involved in their lives and must include direct contact with the child;
- (v) Ensuring that in respect of safeguarding children:
 - (b) all referrals to Children's Services from other professionals lead to an initial assessment including processes to require direct involvement with the child or young person and their family and direct engagement and feedback with the referring professional;
 - (c) core group meetings, reviews and casework decisions include all the professionals involved with the child;
 - (d) records are kept of such meetings including the written views of those unable to attend;
 - (e) formal resolution procedures are in place for managing conflict of opinions between professionals from different agencies;
 - (f) all agencies have well understood referral processes which prioritise the protection and well being of children;
 - (g) named representatives from the police service and the health service are collocated and active partners within the Children and Families Division of the Council's Children and Young People's Service.
- (vi) Representing their agencies and bringing experience and knowledge about other sectors and organisations subject to the primary duty to act in the interest of children and young people;
- (vii) Ensuring that all staff within their agency who have contact with children are aware of their safeguarding responsibilities and are supported to carry out any designated role with regard to partnership work including integrated working, CAF, area based projects and sharing information;
- (viii) Ensuring that actions to support the HCT are firmly embedded within their agency and that for all staff who work with children there are adequate skills, training and professional development in understanding child development and recognising potential signs of abuse and neglect;

- (ix) Ensuring that there is multi-agency training in place to create a shared language and understanding of local referral procedures, assessment, information sharing and decision-making across all services who work to protect children;
- (x) Ensuring that their agency makes an appropriate contribution to the resourcing of the delivery of the CYPP;
- (xi) Ensuring that partners consistently apply the Information Sharing Guidance published by the DCSF and DCLG;
- (xii) Ensuring that appropriate consultation takes place with parents and other stakeholders on the work of the HCT;
- (xiii) Ensuring that reports, policies, procedures and decisions of the HCT are disseminated effectively within their agencies;
- (xiv) Contributing to the development of robust and effective monitoring and performance arrangements;
- (xv) Committing to attend a minimum number of meetings and to nominate a named deputy, who has sufficient seniority to discharge the role, to attend the balance of the meetings in the year;
- (xvi) Actively supporting the work of the HCT, particularly that of the sub-groups, in undertaking any necessary research or additional work;
- (xvii) Actively contributing to the Joint Area Reviews of Children's Services.

11.2 These undertakings may be amended by the HCT Trust Board after the first 6 months of the operation of the HCT.

12. INSPECTION

12.1 Joint Area Reviews will inspect partner agency engagement in the HCT arrangements especially with regard to those partners under a statutory duty to co-operate.

13. REVIEW

13.1 This Partnership Protocol, including the membership of the HCT, will be subject to annual review by the HCT Trust Board and each partner agency.

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Haringey Strategic Partnership and Children's Trust

The diagram below shows the new Children's Trust and its place as part of the strategic partnership.

