

# Framework for Service Design

For children and young people and their families in  
Cornwall and the Isles of Scilly

## Contents

Introduction.....	4
Our Vision, Outcomes and Principles	
Our Vision .....	6
Outcomes .....	6
Principles .....	6
Purpose of this framework .....	7
Core Principles for Service Planning and Transformational Change.....	8
1. Joint Governance for system accountability .....	8
2. Significant service changes will be done in collaboration with key partners.....	8
3. Joint governance for system operational change .....	8
4. Service planning will be needs led and fully involve children young people and families	8
5. Service planning and change will be outcome focussed.....	8
6. All service planning and change will be evidence based .....	9
7. Joint workforce development.....	9
8. A transparent approach to conflict resolution .....	9
9. Cost effectiveness and continual improvements.....	9
Core Principles for a System Operating Model .....	9
1. Joint development of whole population prevention approaches.....	9
2. Integrated place based services.....	10
3. Single point of access for enhanced or specialist support .....	10
4. A graduated and integrated response to meet need.....	11
• Specialist information, advice or brief intervention .....	11
• Offer of specialist evidence based interventions.....	11
• Specialist or statutory care plan to meet the needs of those with multiple, complex or longer	
term needs.....	11
• An integrated crisis response, planning and managing care together for those with high risk	
factors .....	12
<b>Appendix 1 – The roles and responsibilities of current commissioners and providers</b>	<b>13</b>
<b>Appendix 2 – The One Vision Executive Group Terms of Reference</b>	<b>15</b>

<b>Author</b>	<b>Changes</b>	<b>Version</b>
Angie Andrews	Framework and Notes from meeting	V.1
Liz Cahill	Paper for merge with v0.1 – clarifying some points from discussion and merging some of the previous concepts discusses	V.2
Angie Andrews	Merge of the 2 papers	V.3
Jack Cordery	Review of Framework	V.4
Angie Andrews and Liz Cahill	Amend and update	V.5
Jack Cordery	Review of Framework	V.6
John	Review of Framework	V.7
Aisling Khan	Review of Framework	V.8
Angie Andrews and Liz Cahill	Amend and update	V.9
Jack Cordery	Review of Framework	V.10
Liz Cahill and John Green	Review of Framework	V.11
Angie Andrews and Liz Cahill	Amend and update	V.12
One Vision Executive	Final sign off	V1.0

## Introduction

Childhood represents a unique opportunity to ensure the foundations for physical, intellectual and emotional development are supported by parents/carers, wider family, the community and professionals to ensure lifelong health and wellbeing. Early childhood and adolescence, in particular, are periods where the brain develops rapidly and the experience in these times can have a profound influence over the rest of that individual's life. Supporting positive experiences and outcomes for children can prevent negative impact both on the individual as well as the whole health and wellbeing system.

Our landscape, seascape, coastline and moors make Cornwall and the Isles of Scilly an attractive place for children and young people to live and grow up, and the vast majority of our children and young people will need little support, beyond universal childcare, education and primary care services to thrive and achieve positive outcomes.

However, children can be highly vulnerable in terms of their ability to communicate, physical size, development and inexperience and also in their lack of influence. They are dependent on family, community and society to meet their needs and when they have longer term conditions, or social and environmental factors that negatively impact upon their life, leading to poor lifelong outcomes.

Research in adverse childhood experiences demonstrates the clear correlation between the quality of a child's care and the resulting social, cognitive and emotional impairment with health risk behaviour in adulthood, such as smoking, substance misuse, obesity which directly links to adult disease, including diabetes, heart disease, cancer, chronic lung disease, liver disease, mental illness,. (ACE Study, American Journal of Preventive Medicine, Volume 14, Number 4).

For children with additional health, neurodevelopmental delay or learning and physical disability, the importance of getting the right support becomes critical in order to provide children with every opportunity to thrive and live as independently as possible in adulthood.

We have a number of challenges:

- Cornwall is the second poorest region in northern Europe. Cornwall has 17 neighbourhoods which are among the 10% most deprived in the UK. On average, people in Cornwall just about manage on less than £14,300 a year.
- Poverty continues to have a significant impact on the outcomes for children and young people as evidenced through national and local research. Between 25-30% of all children in Cornwall live in poverty (when housing costs are included).
- We have an unsustainable gap between rising need/demand and available resources; the service user experience of fragmented services and variable access; and the persistence of an outcomes gap for vulnerable individuals and groups is increasingly challenging.
- Our natural geography of a mainly rural peninsula including island communities, bordered by sea with dispersed town settlements means that Cornwall and the Isles of Scilly has unique challenges to service delivery, including travel and workforce recruitment. On the Isles of Scilly there is often only one instance of each diagnosis of need, isolating families more than just geographically.
- Childhood is short and the window of opportunity for identification of need, assessment and ensuring access to the right intervention to achieve optimal impact can be difficult to deliver.

In order to rise to this challenge, this Framework sets out the key principles to plan, transform and commission services for children and young people across Cornwall and the Isles of Scilly.

It builds on the One Vision Partnership Plan by describing the core components of our service offer based on 'proportional universalism'. The aim to develop a graduated, responsive service offer which builds the capacity of voluntary and community resources, integrates a response to additional needs and targets resource to those most vulnerable to poor outcomes, including those who experience trauma and family related difficulties and those with complex and life-long conditions.

Trevor Doughty

Strategic Director

Children, Schools and Families

Cornwall Council

John Groom

Director for Integrated Care

NHS Kernow Clinical Commissioning Group

Aisling Khan

Senior Manager – Services to our Community (DCS and DASS)

Council of the Isles of Scilly

## Our Vision, Outcomes and Principles

### Our Vision

The One Vision Partnership Plan sets the transformation framework for Children and Young People Services 2017-2020, which will shape the future integration of education, health and social care services for children, young people and their families in Cornwall and the Isles of Scilly. It sets out our vision:

- All children and young people in Cornwall and the Isles of Scilly are safe, healthy, and have equal chances of accessing all available opportunities to achieve brighter futures.
- The gap between those who are doing well and those who are doing less well has been closed by targeting care and support to those children, young people and their families with the most pressing needs.
- We continually strive to develop and transform all services that children and young people may access, to enable one and all the best possible opportunities for excellent health and wellbeing, throughout their lives and particularly as they make the transition to adulthood.
- Too many children, young people and their families do not have these good opportunities and are worried about their futures. We are committed to working together to change this by collaborating with each other and with children, young people and their families to overcome the barriers to good opportunities and outcomes. This means making best use of our shared resources to achieve integrated agendas for change.

### Outcomes

The One Vision Partnership Plan sets a range of system outcomes and ambitions to improve outcomes for individual children, young people and families, under the overarching five priority outcomes:

- Strengthening families and communities
- Promoting and protecting children's physical emotional and mental health
- Helping and protecting children from harm
- Raising aspiration and achievement, towards economic wellbeing
- Making a positive contribution to the community

The One Vision Partnership Plan document therefore continues to provide the outcome focus for our planning moving forward. [www.cornwall.gov.uk/onevision](http://www.cornwall.gov.uk/onevision)

### Principles

The One Vision Executive are leading on aligning and integrating children's services and are developing an agreed set of principles that will underpin this Framework and support the operating model:

1. Core offer – flexible to meet local need and responsive to change
2. Universal offer with equity of access
3. Targeting (positive action) according to identified need – narrowing the gap
4. Quick and easy access to services
5. Collaborative approach
6. Whole Family Approach/Think Family – Together for Families

7. Strengths-based and solution-focussed
8. Family Hubs are at the heart of integrated place based services
9. Locality data-based design and resourcing
10. Highly trained and skilled workforce
11. Evidence-based practice, focussed on outcomes for Children and Young People
12. Learning culture and innovation
  - a. Seeking feedback
  - b. Learning between professionals
  - c. Sharing best practice
  - d. Generating ideas to improve the quality and impact of practice
13. Multi-disciplinary, maintaining professional identity and perspective
14. Success measures
15. Multi-agency – shared responsibility, appropriate contribution and co-ordinated response
16. Relationship-based approach
  - a. Knowing the people you're working with
  - b. Building relationships across the community
  - c. Mutual trust and respect

## Purpose of this Framework?

This Framework document aims to build on the One Vision Partnership Plan's five core outcomes, and principles for working together to transform the system of services for children and young people, design and plan future services together. These are co-production; quality; efficiency and effectiveness; outcome focussed; and early help.

This Framework aims to set out more detail about how we will design and plan service changes together going forward so that we can ensure a better integrated approach to better meet the education, health and care needs of our children and young people.

The allocation of resources happens at a commissioner level and the deployment of resources takes place at a provider level so it is essential that we have alignment between the priorities of commissioners and providers through a clear set of agreed principles. This framework is therefore intended to govern the relationships and processes across all contributors to the service offer under an enhanced One Vision Executive Board.

Within this we have also set out an asset place-based approach to the planning, transformation and commissioning of services, recognising in particular the people we have working with children, young people, families and their community. This framework provides a place in which they clearly see their role and influence over the design and delivery of services.

For the purpose of this Framework we define children and young people as:

- Every child and young person aged -9 months to 19 years
- Young people leaving local authority care aged up to 25
- Young people with special educational needs and/or disabilities up to 25.

Details of the role and responsibilities of current commissioners and providers can be found in Appendix 1.

# Core Principles for Service Planning and Transformational Change

## 1. Joint Governance for system accountability

The developing Integrated Strategic Commissioning Function is tasked with outlining a place-based strategy and an outcomes framework on a population basis for education, health, care and wellbeing services for all residents in Cornwall and the Isles of Scilly.

It is proposed that tactical commissioning, based on the priority outcomes agreed by strategic commissioners, will design services, including demand and capacity planning, procure services, monitor and evaluate services, and manage and develop the market. This Framework supports the tactical commissioning function.

For children, young people and families this will involve the development of an overarching suite of Outcomes in the form of Key Performance Indicators and Service User Experience Indicators, based on the One Vision Partnership Plan. These will be monitored by the One Vision Executive Board and the Partnership.

## 2. Significant service changes will be done in collaboration with key partners

As far as possible service changes will be made in collaboration as a system response to changing needs, to ensure that we are making the best use of resources, recognising the interdependencies between education, health and care provision and avoiding duplication and/or leaving unmet need.

## 3. Joint governance for system operational change

The One Vision Executive Group (see Appendix 2: Terms of Reference) is established and will be enhanced as part of the over-arching Shaping Our Futures governance to provide a forum for all significant change proposals for children and young people to be discussed with key delivery partners to ensure we are not negatively impacting each other and therefore on the experience and outcomes of children, young people and their families. The One Vision Executive Group will also have responsibility for continuing to align and integrate provision where it benefits children, young people and their families.

Conflicts of interest will be managed openly, with appropriate alternative mechanisms within commissioning functions where procurement activity is being considered or developed.

## 4. Service planning will be needs led, and involve children, young people and families.

All change proposals will demonstrate a sound understanding of need based on our Joint Strategic Needs Assessments, a clear analysis of service level demand and capacity, with clear engagement and co-design with children, young people and their families.

[www.cornwall.gov.uk/jsna](http://www.cornwall.gov.uk/jsna)

## 5. Service planning and change will be outcome focussed

All change proposals will clearly demonstrate the improvement to outcomes that the change proposed is trying to address, whether that is system improvements and efficiencies, service user experience, improved quality or increased ability to support the individual outcomes of children, young people and families.

## 6. All service planning and change will be evidence based

Service improvements and change proposals will be done with a clear reference to evidence base, best practice guidance and national and local research into “what works”.

## 7. Joint workforce development

We will develop joint strategies to develop the children and young people’s workforce to enable a system that:

- Promotes trust, respect and understanding
- Respects professional roles and functions and values different professional contributions
- Enables evidence-based practice
- Jointly plans outcome based intervention
- Co-ordinates an integrated approach to meet the education, health and care needs of families with multiple and complex problems
- Works with adult colleagues to ensure young people transitioning into adult services are prepared and supported

## 8. A transparent approach to conflict resolution

Conflict is inevitable and can arise from a variety of sources. We view conflict positively and accept it can represent a natural growth process. It can help us learn from mistakes and identify areas for development and improvement. Innovation can be inspired from creative solutions to internal or external conflicts, and new ways of thinking can emerge. All conflicts will be resolved through each organisations processes and if required will be escalated to the One Vision Executive Board.

## 9. Cost effectiveness and continuous improvement

We aim to develop sound relationships with providers that create mutually advantageous, flexible and long-term relationships based on better outcomes for those we serve, value for money and continuous improvement. Value for money aims to strike the balance in optimising costs and benefits, whilst sustaining high quality practice and effective services.

# Core Principles for a System Operating Model

## 1. Joint development of whole population prevention approaches

Building on existing Information and Advice resources, we will be collectively responsible for an offer of high quality Information and Advice in a range of formats available and promoted via the Family Information Service and Family Hubs. We will also work together to build capacity within the voluntary and community sector. This will support families to develop positive strategies for addressing common child developmental difficulties, common childhood illnesses and positive parenting strategies, as well as dealing with common challenges of parenting/caring and family life.

The One Vision Executive will annually agree the development of whole population based approaches to health, resilience and wellbeing to be promoted through early year’s settings, schools and in communities. Within this we will agree the implementation of whole service core health and wellbeing approaches to “making every contact count”.

## 2. Integrated place-based services

It is our system-wide ambition to develop integrated place-based services within the six Cornwall localities and the locality of the Isles of Scilly to ensure collaborative working between universal, early help and community based services.

The aim is to identify additional needs earlier and get help to children, young people and their families quickly and easily to enable self-help, reduce harm and prevent the escalation of problems. As well as supporting positive outcomes for families, improving the quality of universal services and how they work effectively with early help services will reduce demand on specialist services.

As we develop integrated place-based networks and governance services can adapt and grow more responsive to local need through the sharing of professional intelligence, shared local data and service user feedback co-ordinated through the Family Hubs.

These networks will incorporate universal services, such as maternity, public health nursing, pastoral support within early years and education settings, GPs, Voluntary and Community Sector, alongside services targeted to meeting the need of vulnerable families, such as family support services, Together for Families support workers and Head Start Kernow facilitators.

Provision of expertise to this system from specialist health services and SEND education support is a core component to develop routine enquiry, screening tools and training programmes and provide liaison to support risk management and make sense of a person's difficulties in the context of their relationships, social circumstances and life events.

This will help to improve the quality of referrals for specialist help and enable specialist services to ensure their interventions and support are part of a wider multi-disciplinary team around the child approach.

## 3. Single point of access for enhanced or specialist support

Children, young people and families consistently report that assessments (and diagnostic pathways) are fragmented with them having to tell their story many times and sometimes being passed between services, before having their needs understood and met.

A core ambition for our response to those requiring an enhanced or specialist response is to reduce multiple referrals and assessment processes through revisiting how services are accessed locally and through a single point of access (Early Help Hub and MARU) (Children's Social Care on the Isles of Scilly).

Part of this is the creation of a health access system to triage those requiring mental health and neurodevelopmental services to determining the most appropriate assessment or intervention.

The assessment and planning in integrated place based services should underpin the ability of those triaging need to determine any gaps in the right support to meet the child's need, including access to voluntary and community resources, and what enhanced or specialist assessment or intervention/s is required.

Specialist assessment should not be the start of a process but should build on the trusted opinion of those already working with the child, young person and their family.

Where needs are multiple and/or complex, assessments should be integrated with an ability to deliver support alongside diagnostic pathways with limited separate referral processes and waiting times. Including:

- Access to integrated approaches to Education, Health and Care Assessments
- Multi-disciplinary diagnostic approaches
- Joint Child in Need assessments
- Multi-disciplinary crisis risk assessment

#### 4. A graduated and integrated response to meet need

There are a number of models that provide a framework to understand strategies to develop an offer that identifies and meets need at an earlier stage. This framework supports a range of evidence-based and conceptual frameworks including IThrive, learning from ACE and Trauma Recovery Models. And it also supports learning, for example, from innovation-funded changes, such as “No Wrong Door” and Research in Practice work.

##### Specialist information, advice or service support

For some children, young people and families an assessment or relevant diagnosis and further advice from a specialist can support:

- ✚ Deeper understanding of underlying needs of the child and family (i.e. not just presenting need) and clarity of requirements of support.
- ✚ More detailed advice, consultation or brief intervention and self-help strategies which can enable children, young people and families or services achieve outcomes, mitigate risk and prevent escalation.

This can be as a core part of a specialist care plan, alongside other elements of intervention or be provided to support universal services meet the child’s needs.

##### Offer of evidence-based interventions

Some children, young people and families respond well to evidence based interventions. This offer of interventions can improve children and young people outcomes across physical, mental and developmental health needs, family and environmental need as an addition to an early help plan as well as become a part of a longer term or statutory care plan.

In order to build the right offer, it is important for services to understand common presentations of need and develop an offer accordingly.

##### Specialist or statutory care plan to meet the needs of those with multiple, complex or longer term needs

There are a number of specialist’s pathways across health, education and social care, including specialist treatment pathways (e.g. eating disorders), statutory Education, Health and Care plans, child in need plans or child protection plans.

Critical to most of these is the need to ensure an integrated service response that enables different professionals to work together to meet the needs of the child and family.

Critical elements of these pathways are therefore:

- Developing opportunities for families to call directly on voluntary and community resources for support

- Co-ordination of the plan and engagement of the child, young person and family held by a lead professional
- The plan reflects a holistic understanding of education, health and parenting/care and wider social support.
- Understanding of risk and ability to managing and share a response to risk in the community
- Timely access to the offer of specialist evidence based interventions of interventions to support de-escalation of need, where possible
- Working towards exit plan that supports recovery and support from the integrated place based community offer
- Sharing of information quickly, within agreed and statutory guidelines

Within this group are the cohort who will need a care plan throughout their childhood due to:

- a. Complex, life-long or life limiting conditions, which could additionally involve access to:
  - specialist school placements
  - wrap around packages of care, including continuing healthcare in the home
  - short breaks
  - episodes of planned hospital based care
  - hospice based care
- b. Permanency plan for those in care, where children have complex health needs, this could involve multi-agency approaches to:
  - Enable re-unification with birth family or connected carers (family and friends)
  - Support adoption plans
  - Support placement stability in long-term foster care and permanent care arrangements.

### **An integrated crisis response, planning and managing care together for those with high risk factors**

Some young people will not respond to traditional interventions, it doesn't help them or they don't/aren't ready to engage. Many of these young people present in and out of crisis, with significantly concerning behaviour. For these young people there is a need to work between health and care services to manage this need, ensuring joint processes for shared risk and safety management, with resources allocated on the basis of what would help, including specialist support to professionals with the skills of engagement with the young person.

In their paper "That Difficult Age: Developing a more effective response to risks in adolescence" (2014), Research in Practice identified that young people presenting at significant risk, rarely present for a single service response. There is often links between young people with drug and alcohol misuse issues, offending behaviour, self-harm, risky sexualised behaviour and mental health problems. The research indicated that these risk presentations were often the symptoms of wider underlying problems, sometimes borne of trauma.

A dedicated and joint response to this cohort is therefore needed across services.

### The role and responsibilities of current commissioners and providers

**Cornwall Council** has the statutory lead for promoting, protecting and improving the health, wellbeing and welfare of all children and young people living in its area. The Council provides and commissions a range of children's service including education and inclusion, special educational needs, early years, community and adult learning, early help and protection, children in care, children's psychology and disabled children's therapy.

**Early years settings, schools and colleges** provide education and a range of other services that support the health and welfare of children and young people. Whilst 80% of children are educated in Academy schools, the Council retains a number of statutory responsibilities including provision, standards and safeguarding in all early years and education settings, especially for children with special educational needs and disabilities (SEND).

**The Council of the Isles of Scilly** has the statutory lead for promoting, protecting and improve the health, wellbeing and welfare of all children and young people living in its area. It holds the same statutory responsibilities as Cornwall Council and commissions and provides a range of services – due to the size of the population those commissioning requirements are flexible to meet the needs of children and their families. It works in partnership with Cornwall Council to deliver some services. The Council of the Isles of Scilly also holds a number of statutory responsibilities in early years and education settings, especially for children with special educational needs and disabilities (SEND).

#### Health

NHS Kernow (the Clinical Commissioning Group for Cornwall and the Isles of Scilly) commission's specialist health services for children and young people, including those with developmental disorders, life-long and life limiting conditions and mental health disorders.

NHS England commissions primary care services, for example GPs, dentists and opticians. They also directly commission 'specialised' services (such as treatments for rare conditions and secure mental health care), military and veteran health services and health services for people in prisons (including youth offender institutions).

Royal Cornwall Hospital Trust (RCHT) and University Plymouth Hospital Trust (UPHT) provides services commissioned by NHS England and NHS Kernow, largely focussed on urgent care and planned procedures. However they also still hold a number of outreach and community provision for children, young people and families, including maternity and community paediatric services.

Cornwall Partnership NHS Foundation Trust provides mental health services for children and young people and a range of nursing services.

**Voluntary and community sector** in Cornwall and the Isles of Scilly consists of a range of national and local organisations that provide a rich and varied range of information, advice and support to children, young people and their families. As well as providing services commissioned by both Council and NHS Kernow, they add significant value to the system through fundraising and maximising the assets of the local community.

### The One Vision Executive Group Terms of Reference

The One Vision Partnership Plan for Cornwall and the Isles of Scilly has been agreed by partners which fulfils the role of the required Children and Young People's Plan for both Cornwall and the Isles of Scilly.

#### Our Vision

"All children and young people in Cornwall and the Isles of Scilly are safe, healthy, and have equal chances of accessing all available opportunities to achieve brighter futures.

The gap between those who are doing well and those who are doing less well has been closed by targeting care and support to those children, young people and their families with the most pressing needs.

We continually strive to develop and transform all services that children and young people may access, to enable one and all the best possible opportunities for excellent health and wellbeing, throughout their lives and particularly as they make the transition to adulthood.

Too many children, young people and their families do not have these good opportunities and are worried about their futures. We are committed to working together to change this by collaborating with each other and with children, young people and their families to overcome the barriers to good opportunities and outcomes. This means making best use of our shared resources to achieve integrated agendas for change."

Source: The One Vision Partnership Plan for Cornwall and the Isles of Scilly

#### Purpose and context

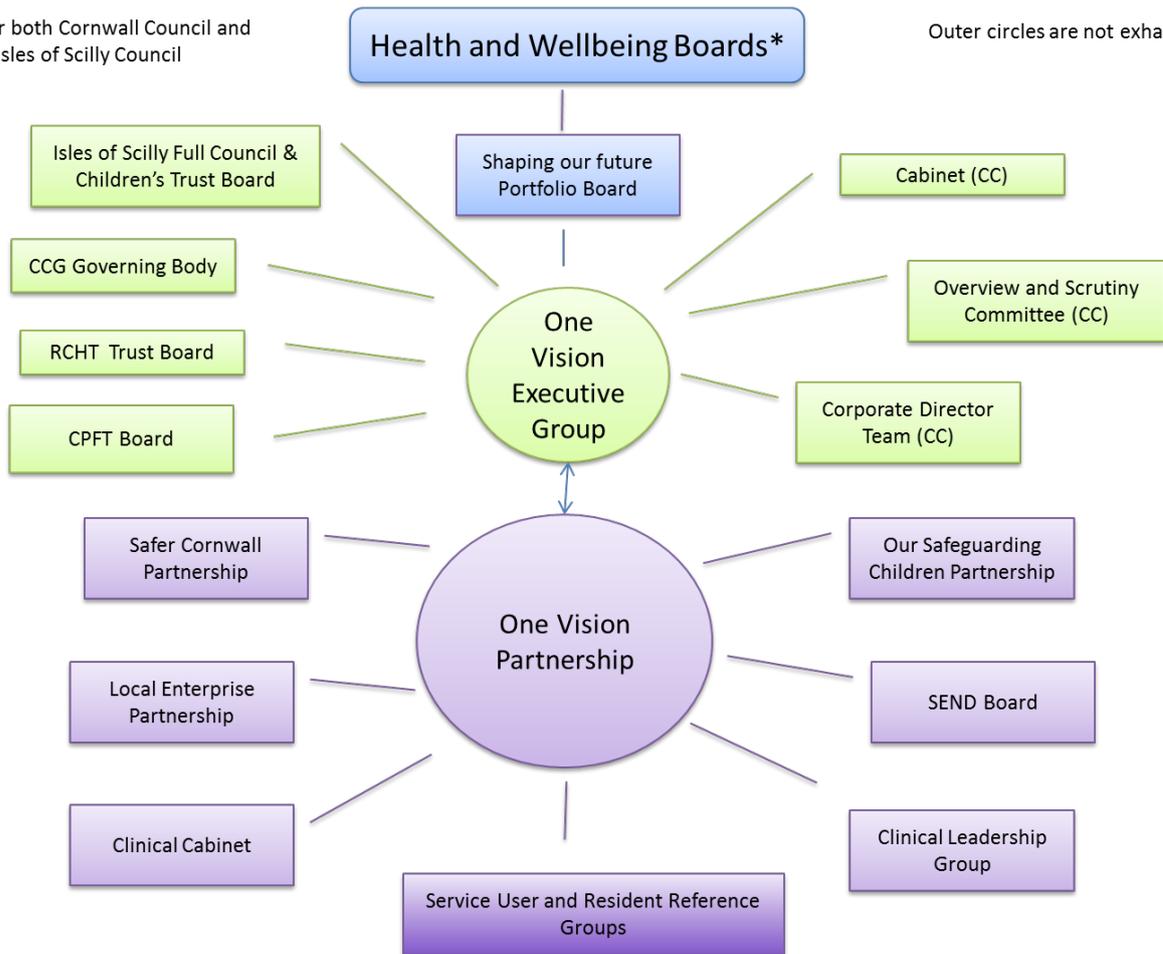
Children's services operate in the complex and rapidly changing system of education, health and care within Cornwall and the Isles of Scilly, the statutory accountabilities and multi-layered governance processes.

The One Vision Executive Group acts as the decision-maker for all the projects that come under One Vision and fulfils the requirement to have a partnership that ensures the system is working effectively for children, young people and families. The wider One Vision Partnership provides the steer, support, challenge and co-production of a broader group of stakeholders.

The diagram below provides a high-level explanation for how the Executive Group works together with other parts of the governance system (the outer circles are not exhaustive).

\* For both Cornwall Council and the Isles of Scilly Council

Outer circles are not exhaustive



Whilst the Executive Group has a delegated decision-making role, this does not compromise single organisational and system-wide decision-making processes. This multi-agency arrangement does not preclude single agencies undertaking improvements or developments, based on the principles, overarching strategic goals and collaboration with partners set out in One Vision.

Members of the Executive Group must be of sufficient seniority to be able to make delegated decisions on behalf of their agencies and to take matters agreed at the Executive Group through their own governance processes at an executive level.

The Executive Group will oversee the allocation and management of time-limited funding requiring multi-agency commitment to implement programmes designed to innovate, implement new legislation embedding results and sustainability.

### Principles

- Raise the profile and awareness of the needs of children, young people and families to influence and inform organisational and system planning.
- Act in partnership to advocate for children, young people and their families and extend their influence appropriately.
- Ensure all children and young people have access to high quality services.
- Focus on prevention and the early identification of children with additional needs as the basis for the right help at the right time.

- Ensure that agencies are taking action to ensure appropriate equality and diversity requirements are met for children, young people and families in Cornwall and the Isles of Scilly.
- Use agreed evidence-based approaches, needs assessment and service user and resident feedback to shape and inform service design and delivery.
- Promote the participation and influence of practitioners and clinicians in the design and delivery of services.
- Operate in an open, transparent and accountable manner to build trust within the system.

### Membership

- Director of Children's Services, Cornwall Council (Chair)
- Director of Children's Services, Council of the Isles of Scilly (vice Chair)
- Director of Integrated Commissioning, NHS Kernow Clinical Commissioning Group  
(*Post due to be vacant and a covering deputy has been nominated - Children's Health Commissioner Lead, NHS Kernow*)
- Director of Public Health, Cornwall and Isles of Scilly
- Service Director for Children and Family Services, Cornwall Council
- Service Director for Education and Early Years, Cornwall Council
- Chief Operating Officer, Cornwall Partnership NHS Foundation Trust
- Director of Strategy and Business Development, Royal Cornwall Hospitals NHS Trust
- Consultant Child and Adolescent Psychiatrist and Clinical lead – Cornwall Partnership NHS Foundation Trust
- Cornwall and Isles of Scilly Commander, Devon and Cornwall Police
- Chief Executive Kernow CIC
- Representative for the Voluntary, Community and Social Enterprise Sector.

### Roles and responsibilities of members

- Uphold the principles and approach set out in the 'One Vision' Partnership Plan
- Lead the development and communication of the overall vision and ensure appropriate communication is maintained within and between individual organisations on progress
- Promote and model the culture and values agreed in One Vision
- Ensure that viable investment and support is secured for the projects to ensure that their outcomes and benefits can be achieved
- Approve all key projects documents including all briefs and business cases
- Hold project SROs to account for project delivery
- Ensure that the projects remain aligned with relevant partners organisations strategy and direction
- Govern overall risk in and between the projects and resolving escalated risks and issues from those projects
- Manage interdependencies and conflicts between projects
- Declare any interests that are relevant to the Executive group's activities.

### Confidentiality

Members of the Board are expected to protect and maintain as confidential any privileged or sensitive information divulged during the work of the Board. Where items are deemed to be privileged or particularly sensitive in nature, these should be identified and agreed by the Chair. Such items should not be disclosed until such time as it has been agreed that this information can be released.

### Probity and Declarations of Interest

Members are expected to declare any interests and any contractual or pecuniary interest in respect of any matter discussed or proposed by the Group and to refrain from taking part in the decision-making on any such matter where such an interest exists.

### **Administration and Coordination**

The administrative support is provided by Cornwall Council. Agenda, minutes and papers will be circulated to the members a minimum of 3 working days in advance. These ToR will be reviewed annually as a minimum.

### **Frequency of meetings**

The One Vision Executive Group will meet every 6 weeks, aligned to the 3 monthly One Vision Partnership meetings, with additional meetings should they be required

### **Quorum**

All members should provide a named substitute to ensure pace of change is maintained. Quoracy for decision-making will be determined by the Chair depending on the decision required. If the quoracy is determined as being less than 4 members of the Executive Group, this will need the agreement of the full group.