

Meeting:	Cabinet
Date:	23 rd June 2005
Subject:	Service Integration across Health and Social Care - Community Care Services and Children's Services
Responsible Officer:	Lorraine O'Reilly, Executive Director (People First)
Contact Officers:	Penny Furness-Smith, Director of Community Care Paul Clark, Director of Children's Services
Portfolio Holders:	Cllr. Margaret Davine
Key Decision:	No
Status:	Public

Section 1: Summary

This report focuses on three key steps now required to progress service-integration arrangements with the PCT, following Cabinet's decision at the April meeting to approve an overall approach and to agree the Vision and Values Statement. This report provides some detailed description of proposed arrangements as they affect Adult's services, together with an indication of how these will also impact on Children's Services.

The report covers three main areas:

1. Recommended Governance Arrangements. These provide a formal framework of accountability for the joint-working arrangements between the Council and its NHS partners, including Children's and Adult's Services.
2. A proposed Agreement with the PCT under Section 31 of the 1999 Health Act. This Agreement formalises the management of the current Joint Commissioning Unit (Adult Services). This unit is responsible for shaping our medium / long-term commissioning intentions for the community health and social care services provided to vulnerable adults, in accordance with agreed Council and PCT priorities.
3. Proposed Joint Commissioning Strategies (4), presented for formal approval, covering:
 - Older People;
 - Adults with a Learning Disability;
 - Adults with Physical / Sensory Disabilities;
 - Adults with Mental Health Problems.

These proposals are also being presented in parallel for consideration by the PCT Board.

Decisions Required

1. That Cabinet endorse the proposed governance arrangements as described in Section 2.2 of the report and, given that these arrangements build on the existing Harrow Strategic Partnership operation, that these proposals are forwarded to the Harrow Strategic Partnership Board for their consideration and adoption.
2. That Cabinet approve the proposed Section 31 Agreement with the Harrow PCT covering the role, management and functioning of the Joint Commissioning Unit; and authorise the Executive Director, People First, in consultation with the Portfolio Holder for Health and Social Care, to make any final drafting changes that may be required following the Cabinet and PCT Board meetings.
3. That Cabinet approve the proposed Joint Commissioning Strategies produced in conjunction with the PCT for each of the four main (adult) Community Care care-groups.

Reason for report

- In accordance with decisions made at previous Cabinet meetings, the Council and the Harrow PCT have now developed outline arrangements covering three key aspects of the overall programme of work to deliver greater service integration to Harrow residents using health and social care services. These proposals now require formal Cabinet approval.
- The proposals provide a foundation on which further detailed joint-working proposals can be developed for specific service areas. These proposals will include further proposed S.31 agreements to be presented for approval over the next year or two.
- The proposed Governance arrangements, the proposed S.31 Agreement, and the proposed Joint Commissioning Strategies provide a firm foundation for further service integration in these areas. These arrangements support achievement of the Council's priorities "Valuing Harrow's customers – joining up with other service providers so that users receive a seamless service", and "Impact through Harrow's partnerships – working with partners to improve the health of Harrow people".
- The arrangements proposed support delivery of key Government policy requirements and elements of the Community Strategy and Corporate Plan.

Benefits

The overall governance arrangements:

- provide clear lines of accountability and transparency within the overall strategic framework set by the Council through the Harrow Strategic Partnership;

- do not disrupt existing arrangements for formally delegated decision-making, for either the Council (such as Cabinet) or the PCT;
- provide the foundation for future joint-planning and partnership-working between the Council and the PCT.

The proposed S.31 Agreement:

- formally establishes and regularises the partnership arrangements covering the remit, functioning and resourcing of the Joint Commissioning Unit;
- incorporates the overall governance arrangements referred to above;
- will enable the Unit to progress the work to develop more effective, outcome-focussed commissioning work covering all the main adult (Community Care) services.

The Joint Commissioning Strategies:

- provide a basis for further work between the partners and with other key stakeholders;
- will ensure that local services are commissioned in line with agreed priorities and key national policy drivers, and which are appropriate to the needs of Harrow's diverse community;
- will improve the outcomes achieved for vulnerable adults within available resources.

For Children's Services, there is a draft Joint Commissioning Strategy in place for Health and Children's Services. Work is underway to agree the formation of a Children's Commissioning Group – bringing together key staff from the PCT and Children's Services in one unit.

Cost of Proposals

The proposed arrangements detailed within this report do not involve any new funding commitments for the Council at this stage:

- The proposed governance arrangements involve no new resource requirements;
- The proposed S.31 Agreement serves to clarify and regularise the functioning of the existing Joint Commissioning Unit; and the pooled-budget involved incorporates only budgetary commitments which already exist in the form of the Council's contribution to the 50% funding of the staffing costs and the provision of the ancillary services required to support the Unit to work effectively;
- The Joint Commissioning Strategies refer only to commitments which have previously been agreed, or for which revenue funding is already allocated within current revenue budgets. Agreement to any new investment or commissioning commitments will be subject to the Council's and the PCT's normal budget-setting and resource-allocation arrangements.

Risks

- Any extension of partnership working involves some degree of risk for the partners concerned – in relation to future resource demands, budgetary control and accountability, risks associated with the management of key services and staff being placed potentially outside the control of the organisation, potential risk to the organisation's reputation, or to its future legal obligations should major problems arise.
- To alleviate this, the governance arrangements proposed are designed to ensure transparency and full formal accountability to both the Cabinet and the PCT Board for the management and performance of these and any other future joint-working arrangements. They incorporate a considered and balanced approach to risk-sharing which seeks to ensure that both partners are able to protect their own interests, and to hold the other partner to account for any functions or resources managed on their behalf.
- The proposed S.31 Agreement covering the role of the Joint Commissioning Unit incorporates commitment to these broad governance arrangements, to the detailed approach to the management of joint services outlined in the report, and to future risk-sharing.

Implications if recommendations rejected

- Failure to agree the foundations for future joint-working between the two organisations would jeopardise current joint working and also future service integration.
- This would have a major negative impact on the capability of the Council to deliver against critical national policy requirements in relation both to Children's Services and Community Care. There would be serious adverse consequences in formal performance appraisals made by the Department for Education and Skills and the Commission for Social Care Inspection, which could in turn severely restrict the Council's possible overall CPA assessment.

Section 2: Report

2.1 Brief History

The Council and the PCT have made clear their intention to integrate community health and social care services for adults since 2000. Reports on this subject were presented to the Council's Cabinet in January 2001, and again to both the Cabinet and the PCT Board in December 2003.

In April 2005, Cabinet approved revised proposals for planning future service integration for both Children's Services and for Community Care, and endorsed a Statement of Shared Vision and Values, which provides the underpinning for any future arrangements. Cabinet also agreed at that meeting to consider firm proposals for formal governance arrangements at this June meeting.

2.2 Proposed Governance Arrangements

As indicated in the report to the April meeting, it is now necessary for the Cabinet and the PCT Board to agree an overall governance framework under which other strands of integration work can be managed. These arrangements will ensure strategic coherence, transparency and clear lines of accountability for any future forms of joint-working and / or service integration in these areas (whether for Children's Services or Community Care) - including those under which the future 'Children's Trust-approach' arrangements will operate, as required by the 2004 Children Act.

In developing these proposals, officers have been mindful of the need to ensure that these arrangements will fit appropriately within the overall structural framework of the Harrow Strategic Partnership (HSP) – so as to ensure overall strategic coherence, and clear lines of accountability and performance management / monitoring.

A more developed list of the responsibilities of the proposed Adult Health and Social Care Partnership and of the five adult care-group Partnership Boards (together with a series of charts showing their fit within the overall HSP structure) is attached as Appendix 1.

In summary, the proposals outlined in Appendix 1 suggest:

- a) The establishment within the structure of the HSP of a proposed new and over-arching 'Health and Social Care Integration Board' reporting to the HSP Board (via the Executive), and accountable to Cabinet and the PCT Board:
- b) To minimise further levels of bureaucracy and to ensure clear lines of accountability, the proposed Health and Social Care Integration Board would act as an umbrella group to ensure synergy and effectiveness in the delivery of two existing HSP work-streams ('Healthy Harrow' and the 'Children and Young People's Strategic Partnership') together with that of a proposed new work-stream ('Adult Health and Social Care Partnership'). This would be responsible for overseeing the development of primary and community-based health and social care services for adults and older people:
- c) That the five currently established care-group Partnership Boards covering community care services would be formally accountable to the new proposed Adult Health and Social Care Partnership:
- d) That the proposed Health and Social Care Integration Board would be responsible for achieving overall strategic alignment and coherence across these three work-streams (so that it takes a strategic oversight of transition issues, and of the boundary between preventive-level and targeted service provision):
- e) That the proposed new Health and Social Care Integration Board would have a core membership of two elected Members of the Council and two Non-Executive Directors of the PCT, supported by executive officers of the Council (People First Executive Director) and the PCT (the Chief Executive). This core membership would be augmented in different ways in respect of each of its three main work-streams:

- f) That neither the proposed Health and Social Care Integration Board nor any of its related work-streams, nor the Partnership Boards, would hold any delegated executive authority – formally, their role would be an advisory one:
- g) That amongst its other responsibilities, the Health and Social Care Integration Board would be responsible for considering any future integrated / joint-working proposals, for considering any future draft S.31 Agreements and updated Joint Commissioning Strategies, for considering resourcing priorities within and across the different service areas, and (where proposals are agreed) for making formal recommendations for approval to Cabinet and to the PCT Board:
- h) That the proposed Health and Social Care Integration Board would also be responsible for overseeing and performance-monitoring the implementation of agreed strategies and joint-working arrangements, although it is envisaged that much of this work would be formally devolved to the relevant work-stream.

In relation to Children's Services, the proposed Integration Board will be the route for advice and approval prior to formal presentation to the PCT, North West London Hospitals NHS Trust, and the Cabinet.

Should these proposals be agreed, it will be necessary to develop the material in Appendix 1 into more formally-stated Terms of Reference for each of the current and proposed new groups who it is suggested would be brought under the umbrella oversight of the proposed Health and Social Care Integration Board.

As these proposals would involve some change to the current structure and functioning of the Harrow Strategic Partnership, it will be necessary for them (once approved by Cabinet and the PCT Board) to be forwarded to the HSP Board for their formal consideration and adoption.

2.3 Proposed S.31 Agreement – Joint Commissioning Arrangements (Adults)

The current Joint Commissioning arrangements have been in place for some time. The service is made up of a Head of Joint Commissioning and six Joint Commissioning Managers – one focussed on the needs of and services for each of the main adult (Community Care) user-groups. The Unit is currently jointly-managed by the Director of Community Care and by one of the PCT Directors, and the team is currently located at the main PCT office base. All current posts are joint-funded on a 50:50 basis, and all appointments have been made on a joint basis.

Since its original inception, the time and attention of the joint commissioning managers has, to a large extent, been diverted from working at an appropriate strategic level to managing day-to-day demands of dealing with individual patient / service user needs, and managing the PCT's ongoing commitments and budget-allocation decisions.

Following detailed discussions with the PCT, a development path has now been agreed that will allow for that detailed case-level work and budget decisions to be managed more effectively outside of this Unit. This will enable the joint-commissioning managers to work in the way originally intended; and to add value and benefit to both organisations as part of commissioning local services to meet local needs.

For these reasons, it is now important to establish the Unit on a more robust and fully accountable basis; and to put a clear partnership agreement around its remit, performance outcomes, day-to-day functioning, and resourcing. The appropriate mechanism for this is a formal Agreement made under Section 31 of the 1999 Health Act, with the identification of a pooled-budget to cover the revenue costs of the Unit (salaries) and its day-to-day ancillary running / support costs.

A draft S.31 Agreement has been prepared by the Council's Legal Services team and approved by PCT officers, subject to formal agreement by the PCT Board. The Final Draft Agreement is included as Appendix 2 to this report.

Finalisation of this Agreement is a critical step towards establishing robust future integrated working, ensuring that our joint-commissioning arrangements are an effective underpinning for future joint-working developments. This proposed S.31 Agreement establishes and embodies all the key principles and understandings which will be necessary for future partnership. It formally establishes the partner's agreement to accountability and underlying governance arrangements, and will form a model on which to base other agreements.

This proposed Agreement focuses only on services for adult care-groups; and will not include the arrangements for commissioning children's services, which are being developed under separate arrangements overseen by the Children and Young People's Strategic Partnership.

In summary, the detailed legal Agreement incorporates the following principles, understandings and shared commitments:

- a) The Joint Commissioning Unit to be formally hosted and managed by the PCT on behalf of the other partner.
- b) A clear statement of the revised remit and role of the Joint Commissioning Unit, and the main delivery-tasks and performance goals for which it is responsible:
- c) The establishment of a pooled-budget, which on the basis of a 50:50 contribution, provides for the salaries and employer's on-costs of the Unit staff, together with its ancillary day-to-day running and support costs:
- d) Clear arrangements by which the host partner is accountable to the other partner; and (through the proposed Adult Health and Social Care Partnership) to the proposed Health and Social Care Integration Board (please refer to section 2.2 above), the Cabinet, and the PCT Board:

- e) Clear arrangements for managing and accounting for the pooled-budget, and for dealing with any possible under or over-spends, for agreeing new resource commitments, etc:
- f) Provision for existing staff to continue to be employed (as at present) under varying terms and conditions, and as either Council or PCT employees. The non-host partner employees will continue to work under the day-to-day management of the host partner and to that agency's relevant operational policies and procedures. The Agreement will provide that as and when vacancies arise within the service, new joint appointees will become employees of the host agency:
- g) Clear arrangements for the managing of all other relevant shared resources (including the provision by both partners of ancillary support services), and for information exchange / sharing:
- h) A clear framework through which to manage all current and future risk-sharing:

The breadth of the agreement can be extended by agreement with both parties to take under its umbrella other commissioning functions as and when the opportunity arises.

Formal Cabinet approval is now required before the proposed Agreement can be formally signed and submitted to the Department of Health in accordance with Health Act regulations.

2.4 Proposed Joint Commissioning Strategies (Community Care services)

The production of Joint Commissioning Strategies covering the services provided to all the main adult (Community Care) user groups has been a clear expectation on the Council and the PCT. It has been indicated as a key improvement required of the Council by the Commission for Social Care Inspection (CSCI), as flagged at the Annual Review Meeting held last July.

The first Joint Commissioning Strategies have now been prepared for each of the four main care-groups – Older People, Adults with a Learning Disability, Adults with Physical / Sensory Disabilities, and Adults with Mental Health Problems. Copies of the full documents have been deposited in each of the Group Rooms.

Each of these documents has been produced to a common format and in two main sections where, in each case, Part 1 describes the broad policy and demographic context; and Part 2 details existing service arrangements, current spend and activity, and outlines current commitments from both partners in response to known levels of need, with a common front.

These initial documents represent a benchmark of the current position, with a broad statement of direction, and as such are a starting-point for more detailed work over the coming year. This further work will focus on developing a more fully strategic understanding and evaluation of the range of available options in

relation to the development of services for each of these care groups over the following 3-5 years.

This programme of work will be led by the Joint Commissioning Unit (Adults), overseen by the relevant care-group Partnership Boards, and formally accounted for to the proposed Adult Health and Social Care Partnership – please refer to section 2.2 above. Updated strategies will be in place ready for formal consideration by the PCT Board and by Cabinet at the beginning of the next financial year.

Cabinet are invited to formally approve the four proposed Joint Commissioning Strategies as providing the starting-point for that further round of work.

2.5 Future reporting

The set of proposals within this report are being presented to the PCT Board for their formal approval in a similar time-frame to this Cabinet cycle. Clearly it will only be possible to proceed if both bodies are able to agree.

Once the arrangements described above are agreed between the partners, and the HSP Board have been able to consider and adopt the overall governance proposals, it is intended to focus immediate future activity on resolving two key outstanding Community Care issues:

- the establishment of a formal Partnership Agreement to cover the operation of the existing joint Harrow Mental Health Service, delivered by the Central and North West London Mental Health NHS Trust;
- an extension to the current formal Partnership Agreement to cover the future management, delivery, and pooled-budget for providing the whole range of nursing care services for adults, including the provision of continuing health-care services, with the PCT as lead.

Further reports to Cabinet and to the PCT Board covering these areas will be submitted during the Autumn of 2005.

Formal partnership agreements will be developed for the remaining service areas, including Intermediate Care, over the next 18 months.

Detailed proposals are being developed to cover the implementation of the new Children Act requirements, and the establishment of 'Children's Trust approach' arrangements; and these will form the subject of separate reports in the future.

The overall approach towards establishing these arrangements is as follows:

- 2005: planning and practical moves – e.g. commissioning strategy and some co-location; with all funding managed separately, but within a agreed protocol;
- 2006: more formalised agreements regarding funding and staff (to be established through an appropriate formal process);
- 2007: more formal structures, locations and legal agreements.

2.6 Options considered

A range of options have been considered by officers in developing the proposals presented within this report. It is considered that these now represent an appropriate foundation for future developments in our joint-working arrangements with local NHS agencies. They will:

- deliver improved services for vulnerable children, families and adults within the Borough;
- secure the contribution of all key stakeholders to the development of more appropriate and effective local services, which are in line with national policy requirements and relevant to Harrow's diverse community:
- ensure that each partner organisation retains responsibility for its own formal decision-making powers, resource-allocation decisions, and statutory authority.

The arrangements proposed will be subject to continuing review and evaluation to ensure that they remain fit-for-purpose and that they provide the optimal framework for planning and implementing future service improvements.

2.7 Consultation

The arrangements covered within the proposed S.31 Agreement have been shared and fully discussed with relevant members of staff of both organisations.

The Joint Commissioning Strategies are intended to provide a baseline statement of the present position and incorporate only currently agreed commitments. As such, they have not been subject to formal consultation with all relevant stakeholders in their current form.

However, once formally approved as baseline statements, they will be shared fully with the relevant Partnership Boards; who will be expected to play a full part in helping to refine and further develop them to provide fuller strategic statements of medium-term service direction and commissioning intentions, under a process in which all relevant stakeholders will be invited to participate.

2.8 Financial Implications

The proposed governance arrangements and Joint Commissioning Strategies will not involve any new resource requirements, and refer to revenue funding that has already been allocated within the Medium Term Budget Strategy.

The proposed Section 31 Agreement for the existing Joint Commissioning Unit will clarify and regularise the functioning of the Unit. The Council's 50% contribution towards the Unit, totalling approximately £200,000, will be pooled with the PCT's contribution and hosted by the PCT. The pooling of this budget with the PCT will limit the Council's discretion over the use of this resource as set out within the Section 31 Agreement. Similarly, there is inevitably a degree of risk associated with this type of agreement, and the sharing of risks are also set out within the Section 31 Agreement.

The Council's Section 151 Officer has considered and approved the contents of this report.

2.9 Legal Implications

The proposed arrangements adhere to the requirements set out in Section 31 of the Health Act 1999 and the DoH regulations and guidance. The in-house legal team has drafted the agreement.

2.10 Equalities Impact

The proposals outlined within this report take full account of the need to develop more culturally-appropriate services, and to develop commissioning intentions which ensure the needs of Harrow's diverse community are fully addressed when new service models are developed and when further joint-working proposals are being considered. Whenever appropriate, impact assessments will be conducted and reported in accordance with the Race Equality Schemes developed by the Council and the PCT.

Section 3: Supporting Information/ Background Documents

Appendices:

Appendix 1 – Proposed Governance Structure

Appendix 2 – Final Draft Section 31 Agreement (Joint Commissioning Unit)
(circulated separately)

Background papers

Copies of the Joint Commissioning Strategies are available on request.

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Proposed Governance Structure

1. Structure charts are attached, showing:

- Existing Harrow Strategic Partnership structure – Annex 1
- Proposed Governance arrangements (showing fit within the overall HSP structure) – Annex 2
- Proposed Governance arrangements (detail, showing links to Delivery Groups) – Annex 3

2. Outline of proposed TORs for the proposed Adult Health & Social Care Partnership (as part of the proposed Health & Social Care Integration Board):-

Remit: The Partnership would not hold any formal delegated executive / decision-making powers. Its remit would be:

Strategic-level oversight, direction and performance-monitoring of all service integration and joint-working arrangements for community health and social care services (adults and older people), including those covered by formal S.31 Agreements.

More specifically, its role would be one of:

- Ensuring strategic oversight and co-ordination of service delivery arrangements and service development proposals across all local community and primary health care services provided by NHS organisations and the social care services provided by the Council;
- Setting the broad strategic direction for this range of services in the context of the Community Strategy and the needs of Harrow's diverse community - balancing the requirements of locally-set policies, needs and priorities against nationally-determined priorities, targets and imperatives; and securing strategic balance across universal services, preventative initiatives, and the development of targeted provision for special-needs groups;
- Formal consideration of future service integration proposals, including those which make use of any Health Act flexibilities, and considering whether to recommend their formal approval by the main partner organisations;
- Overseeing formal consultation processes connected with such schemes;
- Monitoring the implementation of current and future joint working / service integration schemes;
- Receiving final-draft joint commissioning strategies and broad service strategies for all adult care groups and for carers, and considering whether to recommend their formal approval by the main partner organisations;
- Ensuring coherence in the overall commissioning intentions across the main care-groups, and ensuring an appropriate approach is taken to managing and developing the local provider market;

- Approving the membership of the main Care-Group Partnership Boards and the Carers Partnership Group, and receiving and approving their Annual Work-Plans;
- Being accountable for, monitoring, supporting and performance-managing the work of the main Care-Group Partnership Boards and the Carers Partnership Group;
- Resolving any disputes between the main Care-Group Partnership Boards, and maintaining strategic oversight of all transition and interface planning;
- Receiving proposals for the strategic deployment of any jointly-held funding or resources, and for the management and deployment of any formally pooled funds; and considering whether to recommend formal approval of such proposals by the main partner organisations;
- Monitoring expenditure against all jointly-held funds and any pooled budgets, and considering whether to recommend any action to the main partner organisations;
- Considering (and, when required, overseeing negotiations between them regarding) the strategic deployment of the resources held by the main partner organisations, especially as regards the making of strategic shifts in the deployment of resources across and between major service areas; and considering whether to make formal recommendations to one or more of the main partner organisations about such matters;
- Reporting on a regular basis to the Overview and Scrutiny (Health and Social Care) Sub-Committee of the Council, and to the Professional and Executive Committee of the PCT;
- Being formally accountable to the PCT Board, the Council Cabinet, and (through the Health & Social Care Integration Board) to the Harrow Strategic Partnership Board; and reporting to them on a regular basis.

Membership:

2 elected Members of the Council;
 2 Non-Executive Directors of the PCT;
 The Executive Director People First;
 The PCT Chief Executive;
 The Chief Executive of the NW London Hospitals NHS Trust;
 The Chief Executive of the Central & NW London Mental Health NHS Trust;
 The formally delegated holder of any pooled funds;
 The Chairs of each of the main Care-Group Partnership Boards and of the Carers Partnership Group;
 1 appointed representative of each of the service user, carer, provider and voluntary sector interest groups, to be elected by the main Care-Group Partnership Boards and the Carers Partnership Group; plus 1 other to be nominated by the PPI Patient Forum.

The role of Chair to be alternated between one of the Council Members and one of the PCT Non-Executive Directors.

3. Outline of proposed TORs for the main Care-Group Partnership Boards and the Carers Partnership Group:-

Remit: The Partnership Boards formally have an advisory function and would not hold any delegated executive / decision-making powers. Their remit would be:

Strategic direction, oversight and performance-monitoring of all service integration and joint-working arrangements for the community / primary health-care and social care services provided to a specific group of people (as determined along client-group lines).

More specifically, their role would be one of:

- Developing a vision and broad service strategy for a specific service area;
- Developing and monitoring implementation of the joint commissioning strategy, including monitoring performance and the use of financial and other resources;
- Preparing an Annual Work-Plan and submitting this for approval to the Adult Health and Social Care Partnership, together with the details of the Board's membership and accountability arrangements;
- Recommending priority areas for the use of new / released resources;
- Advising on the development of any specific service integration and service development proposals (including for the use of Health Act flexibilities) for a specific service area;
- Advising on the planning and conduct of, and the response received from, specific consultative initiatives;
- Monitoring and evaluating the impact of all service integration and joint-working arrangements (including their impact for specific minority groups);
- Reporting on a regular basis to the Adult Health and Social Care Partnership;
- Ensuring that all relevant stakeholders are adequately represented on the Board, and that appropriate accountability arrangements are in place so that service-user, carer, BME-communities, voluntary sector, and provider representatives are enabled to consult with and report back appropriately to their respective constituencies of interest;
- Reporting as and when required to the Professional and Executive Committee of the PCT and to the Overview and Scrutiny (Health and Social Care) Sub-Committee of the Council (including co-operating in the conduct of any specific scrutiny review undertaken or commissioned by that Sub-Committee).

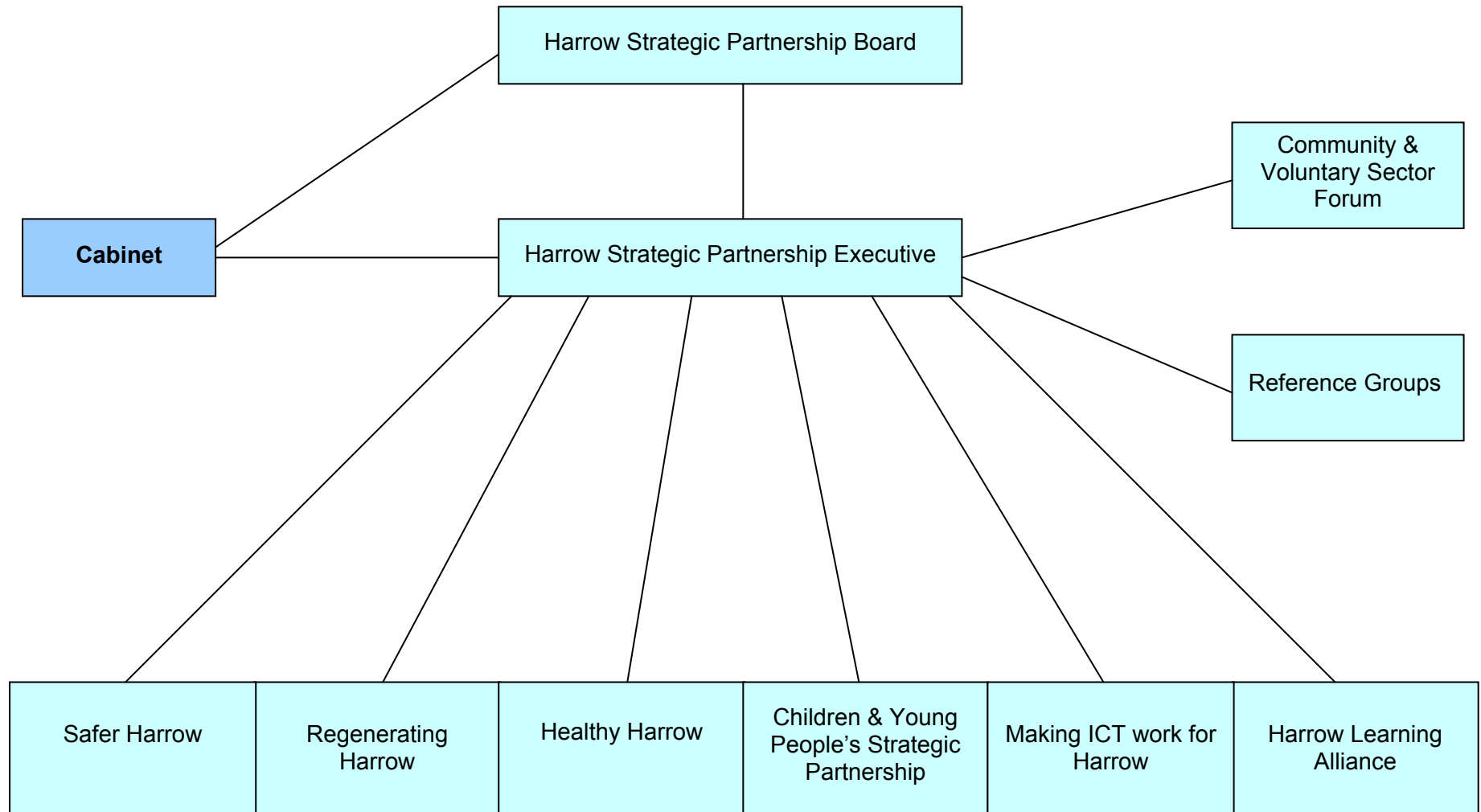
Membership

One Senior Officer representative from each of the main statutory partners
(one designated to act as Chair);
Joint Commissioning Manager;
Service Manager(s);
Primary Care representative;
Elected representatives of the service user, carer, BME-community, provider,
and voluntary sector interests (2 members for each stakeholder group);
The formally delegated Fund-holder for any joint / pooled funds.

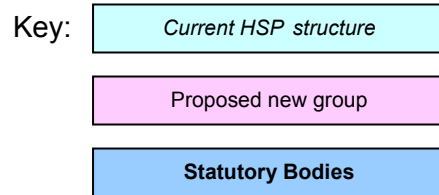
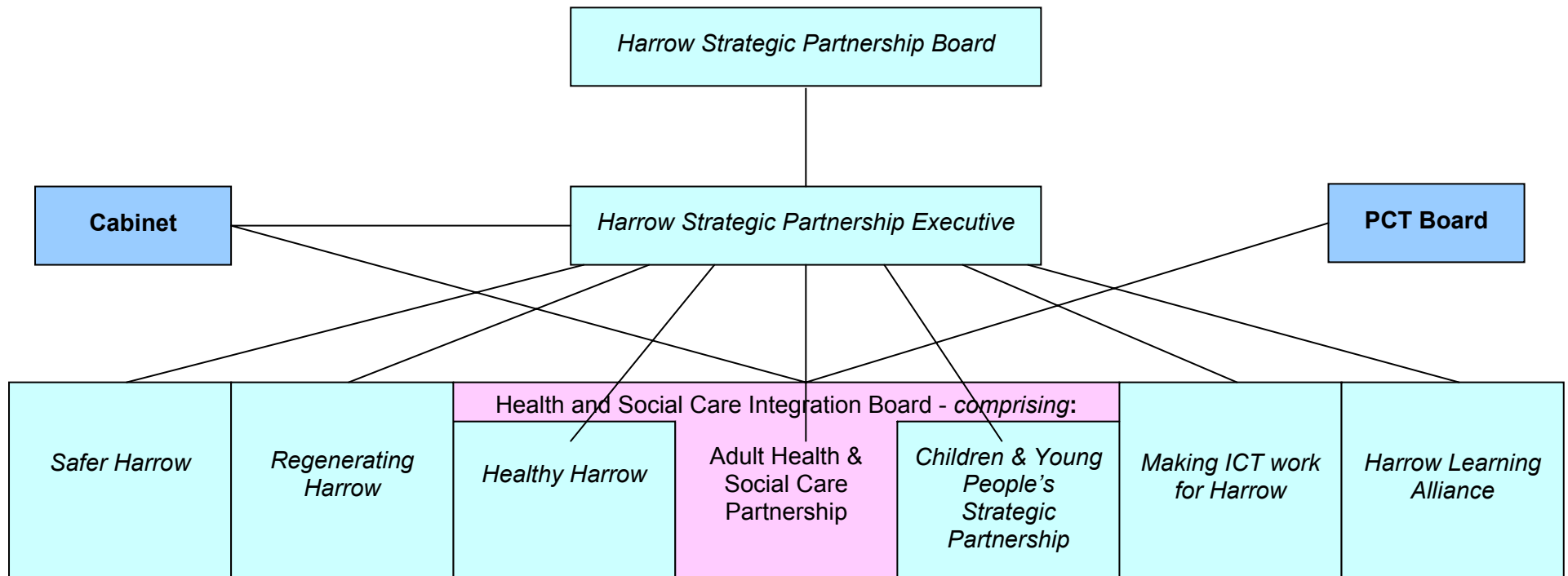
Supported by:

Finance Team representative;
Linked planning / research advisor and / or Public Health analyst;
Supporting People / Housing Strategy or Provider representatives;
NHS provider service representative(s);
Contracts Team representative.

Existing Harrow Strategic Partnership structure



Proposed Governance arrangements (showing fit within the overall HSP structure)



Proposed Governance arrangements (detail, showing links to Delivery Groups)

