



## **Harrow Strategic Partnership Board**

**Thursday 4<sup>th</sup> August 2005**

### **Service Integration across Health and Social Care – Governance Arrangements**

#### **Purpose of Report**

This report presents proposals for the broad governance arrangements required to support further integrated working between statutory agencies with responsibilities for health and social care services - especially the Community Care and Children's Services provided by the Council, and the community health services provided by the PCT. It invites the Board to formally adopt proposed arrangements which would involve some modification to the way in which relevant HSP work-streams are structured.

#### **The HSP Board is requested to note:**

1. That Harrow Council Cabinet at its meeting on 23<sup>rd</sup> June 2005 agreed to these and other related proposals and resolved to forward them for consideration and adoption by the Harrow Strategic Partnership Board.
2. That the proposals were also considered and supported by the PCT Board, at their meeting on 21<sup>st</sup> June 2005.
3. That the proposals have been developed to reflect the broad thrust of current Government guidance and regulations as they apply both to Children's Services and to community-based health and social care services for vulnerable adults and older people (Community Care).
4. The proposed governance arrangements, once agreed, will be incorporated within the terms of a formal partnership Agreement between the Council and the PCT, made under Section 31 of the Health Act 1999, which will provide a broad framework agreement under which further joint-working proposals can be delivered and monitored.

#### **The HSP Board is requested to agree that:**

1. The proposals be formally approved.
2. That the proposed revisions to the HSP structure and reporting framework be adopted.

## **Harrow Strategic Partnership Board**

**Thursday 4<sup>th</sup> August 2005**

### **Service Integration across Health and Social Care – Governance Arrangements**

#### 1. Brief History

The Council and the PCT have had a long-standing intention to integrate community health and social care services for adults since 2000. The requirement to develop more effectively 'joined-up' services has been a key component of Central Government policy and guidance for some time; and more explicit requirements related to the development of Children's Services are included within the 2004 Children Act.

In April 2005, the Council's Cabinet and the PCT Board 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. A key first step in developing more integrated service provision is to agree an overall set of governance provisions which ensure a proper line of accountability to the two responsible organisations, and ensure broad strategic alignment with the overall strategic direction for developing local public services as represented within the local Community Strategy.

#### 2. Issues considered

In developing these proposals, Council and PCT officers have attempted to ensure that the revised governance arrangements:

- provide a clear reporting line within the HSP structure, together with 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, and coherence with the overall strategic framework set by the HSP;
- do not disrupt existing arrangements for formally delegated decision-making, for either the Council or the PCT;
- provide a robust foundation for future joint-planning and partnership-working between the Council and the PCT, and a clear line of reporting and accountability for existing joint-working groups – the Partnership Boards.

#### 3. The Proposals

The core of the proposals is the establishment of a new over-arching body within the HSP structure which would take overall responsibility for developing and monitoring the delivery of proposals for further joint-working in this area; and to be referred to as the 'Health and Social Care Integration Board'. The proposal is that this Board would be responsible for 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 (the 'Adult Health and Social Care Partnership').

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 some charts showing their fit within the overall HSP structure) is attached as Appendix 1.

In summary, the proposals outlined in Appendix 1 suggest:

- a) That the proposed new work-stream ('Adult Health and Social Care Partnership') would become responsible for overseeing the development of primary and community-based health and social care services for adults and older people:
- b) 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:
- c) 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):
- d) 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:
- e) 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:
- f) 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 Section 31 Agreements and up-dated 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:
- g) 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.

Lorraine O'Reilly  
Executive Director – People First  
Harrow Council  
July 2005

**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).

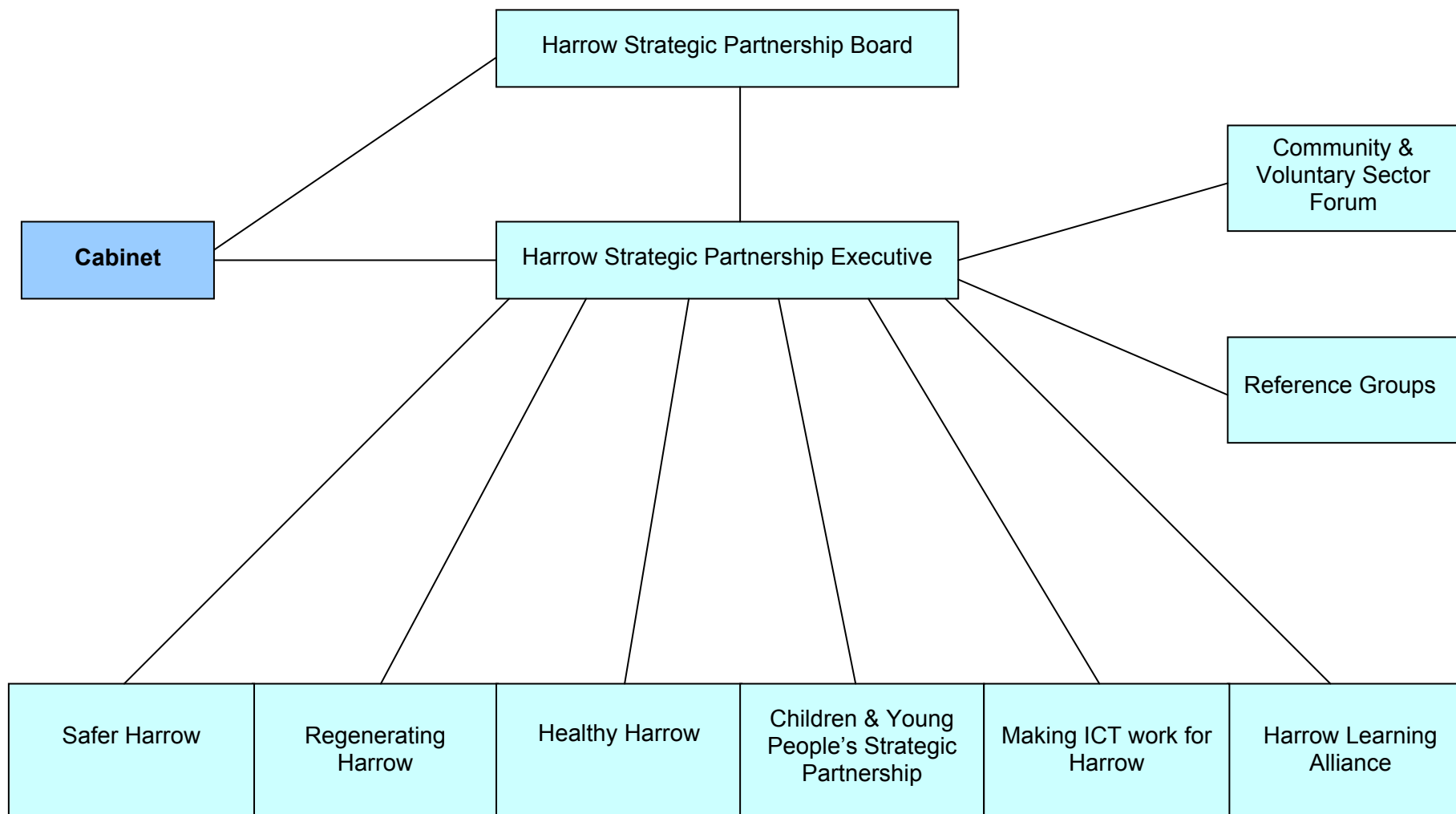
## **Membership**

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:

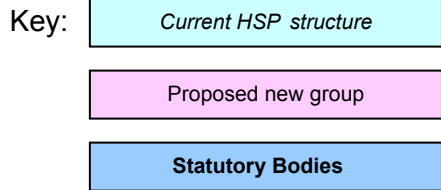
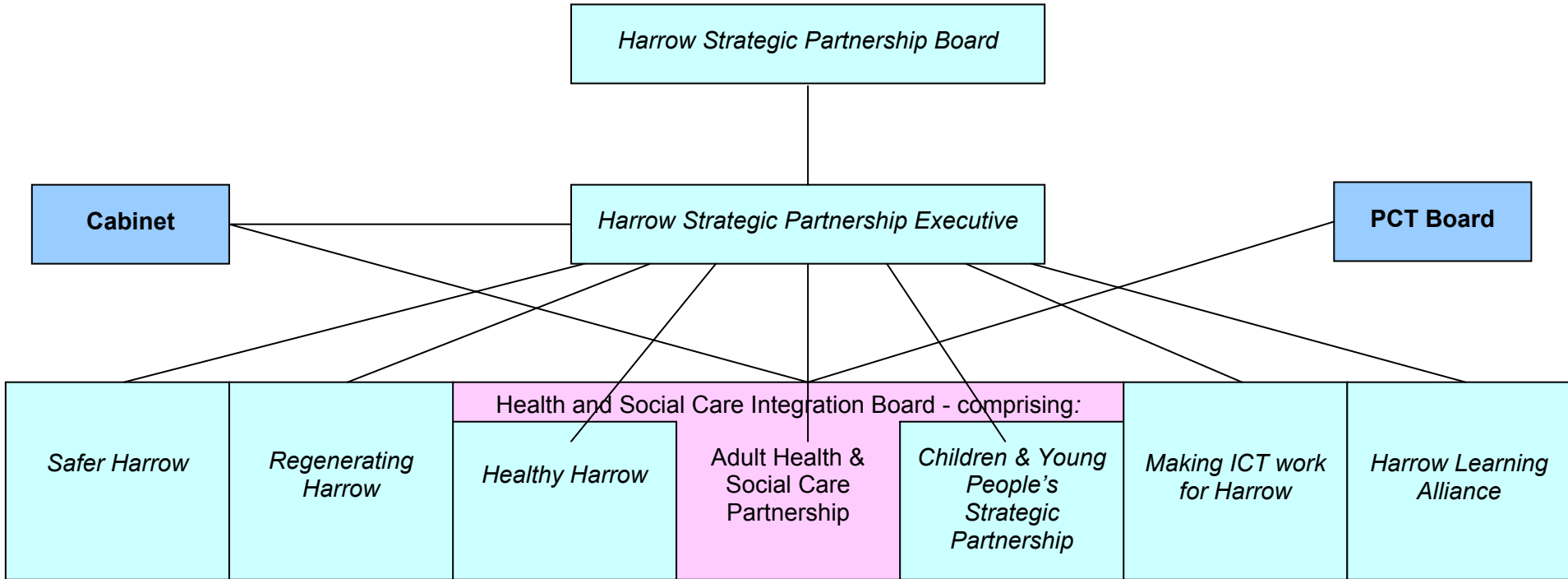
Finance Team representative;  
Linked planning / research advisor and / or Public Health analyst;  
Supporting People / Housing Strategy or Provider representatives;  
NHS provider service representative(s);  
Contracts Team representative.

**Existing Harrow Strategic Partnership structure**





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



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

