

Consultation Document

Future Partnership Governance Arrangements for Adult Health and Social Care in Harrow

Introduction

This paper follows discussions over recent weeks involving Harrow Primary Care Trust's Chief Executive, the Joint Director of Public Health and Harrow Council's Corporate Director for Adults and Housing and builds on the discussion that took place at the October meeting of the Adult Health and Social Care Management Group – all of which considered future partnership governance arrangements for adult health and social care in Harrow.

The paper sets out proposals for the two main bodies to be at the heart of a revised partnership governance structure – the Adult Health and Well-Being Board (re-titled from the Adult Health and Social Care Management Group) and the Joint Commissioning Board or Adults' Trust involving Harrow Council and Harrow Primary Care Trust.

We wish to consult widely on this paper with such consultation informing proposals that will be considered by Harrow Council's Cabinet and Harrow Primary Care Trust's Board in the New Year and which it is intended would come into effect from 1st April 2009.

The proposals are informed by research into governance models elsewhere in the country, relevant learning drawn from the Audit Commission's recent report entitled 'Are we there yet? Improving governance and resource management in children's trusts' and recently revised governance arrangements for the wider Harrow Strategic Partnership.

The structure for the proposed new governance arrangements is attached.

Adult Health and Well-Being Board

This body will operate at the strategic level and will form an integral element of the Harrow Strategic Partnership governance structure. It will feature broad representation from amongst those with whom we work, including voluntary organisations, service users and carers, and is designed to act as a consultative body and champion adult health and social care and the interests and well-being of adults in Harrow. In addition, it will facilitate collaboration and the joining up of adult health and social care services, maximise the contribution of wider services to adult well-being and aid the sharing of good practice across partner organisations.

The proposed remit of this body is as follows:

- Ensure an effective understanding of local need exists, gleaned through mechanisms such as the Joint Strategic Needs Assessment
- Help to join up consultation activity

- Ensure appropriate objectives and priorities are being set and delivered through key partnership mechanisms such as the Sustainable Community Strategy and Local Area Agreement
- Oversee implementation of a rolling programme of work around adult health and social care designed to meet key objectives
- Help develop the joint commissioning of work and building of capacity within the voluntary and community sector to deliver services
- Review outcomes of external inspections and monitor related improvement activity
- Maintain an overview of local resources for adult health and social care
- Oversee the work and delivery of groups, such as partnership boards, sitting underneath the Adult Health and Well-Being Board
- Feed into an annual report of actions and progress by the Harrow Strategic Partnership

Once the remit of this group is agreed, work will need to be undertaken to determine its membership and thoughts on this would be welcomed as part of the consultation. The following elements of the revised governance arrangements for the wider Harrow Strategic Partnership are pertinent here:

- The Chair will be reviewed on an annual basis
- Members of the group will be expected to contribute services and resources to ensure delivery against relevant priorities and targets
- The group takes direction from, and is responsible to, the Harrow Board for delivering relevant aspects of the Sustainable Community Plan and Local Area Agreement. It will be expected to report its' achievements against relevant priorities and targets to the Harrow Board on an exception basis. The Chair may be invited to attend Harrow Board meetings as required but will not be a full, voting member of the Board.
- The Chair of the Harrow Board will, when necessary, convene and chair meetings with some or all of the Chairs and/or key staff/members of the different Management Groups to ensure progress on the commitments of the wider Partnership or to discuss key issues of concern to the Partnership.

Joint Commissioning Board or Adults' Trust

This body will operate at the executive level and will comprise senior managerial decision-makers from the Council and Primary Care Trust. It will aim to develop stronger and deeper integration of health and social care and enhance joint working, including the pooling of budgets where appropriate. As regards governance arrangements, this forum will not exist as a statutory body and will therefore need to work in accordance with the accountability arrangements of the Council and Primary Care Trust when it comes to, for example, considering the allocation of resources or making policy commitments.

The proposed remit of this body is as follows:

- Provide direction for the development of health and social care services taking into account local needs, national direction and the Harrow Strategic Partnership and Local Area Agreement priorities
- Direct and manage performance to ensure effective delivery against key measures and objectives
- Provide oversight of adult safeguarding
- Provide oversight of continuing care and jointly funded packages of care
- Direct and manage resources, including the pooling of budgets where appropriate
- Share financial information and agree shared responses to budgetary pressures within partner agencies
- Optimise sources of funding
- Oversee the development and monitoring of current and future section 75 agreements and the establishment of joint posts
- Provide governance for the integrated commissioning of health and social care and develop the annual joint commissioning business plan
- Consider relevant statutory reports and the outcomes of external inspections and commission related improvement activity in response, potentially including major service reviews
- Oversee the work and delivery of groups, such as partnership boards, sitting underneath the Joint Commissioning Board or Adults' Trust

Hearing your views

The consultation will run until Friday 27 February.

This consultation document is being circulated widely and will also be available on the Council and the PCT websites.

There will be an opportunity to discuss the proposals set out in this consultation document at partnership boards and other relevant meetings during January and February. The views of service users and carers will be actively sought as part of this process.

Queries about the consultation and written responses to the consultation should be sent to

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Consultation questions

In addition to considering the potential setting up of the above bodies, their remit and make-up, consideration also needs to be given to:

- The performance reporting arrangements around these bodies and those linked to them.
- The groups, such as partnership boards, that will exist below the Adult Health and Well-Being Board and the Joint Commissioning Board or Adults' Trust and what their role and remit will be. The intention for the Adult Health and Well-Being Board to have wide representation and act as a consultative body has particular implications for the likes of partnership boards.

We are interested in hearing your views on these areas and the broad proposals set out in this paper but also on a number of specific questions below which will help inform our thinking:

1. Is there merit in moving away from existing arrangements that arguably see users and carers being engaged in a way that is determined more by partnership structures than the way they lead their lives? This would potentially involve, as an example, a shift away from people with a learning disability attending the Learning Disability Partnership Board to instead being appropriately represented on a wider body of people reflecting the make-up of the borough which would be drawn upon to contribute to the thinking and planning around themed subjects, such as housing or leisure provision. The thinking is that this would enable people's needs to be considered in a more holistic way and potentially reduce the demands being placed upon their time.
2. Has the practice of involving service users in specific activities such as the recruitment and selection of council staff, as with the Neighbourhood Resource Centre project manager recruitment and the design of the Centres themselves been successful and, if so, how can it best be extended?
3. Should partnership boards have a service monitoring remit?
4. Is the model of a service user co-chairing the Learning and Disability Partnership Board one that can be built upon?
5. Would there be benefit in modelling the arrangement adopted in some other parts of the country whereby senior officers from non-related directorates or departments chair the equivalent of partnership boards?
6. Is there merit in a user and carer involvement strategy being adopted, and consistently applied, across Harrow Council and partner organisations including the Primary Care Trust and Mental Health Foundation Trust?

7. How should the Local Involvement Networks (LINKS) relate to the Adult Health and Well-Being Board and partnership boards below it?
8. How should the older people and voluntary and community sector reference groups of the Harrow Strategic Partnership relate to the Adult Health and Well-Being Board and partnership boards below it?