



Scottish Borders Community Health & Care Partnership

Governance Arrangements & Sub Structures

1. Aim

This paper summarises the structural and governance arrangements for the Community Health & Care Partnership (CHCP).

2. Background

Community Health Partnerships (CHPs) are the building blocks in the modernisation of the NHS and joint services with a vital role in partnership, integration and service redesign. CHPs have a key role in planning and delivering better services and improving the health of the communities they serve through aligning health, social care and the voluntary sector in the delivery of care and improving health.

3. Governance Arrangements

3.1 Scottish Borders CHCP Partnership Board

The Scottish Borders Community Health and Care Partnership Board is a Strategic Committee accountable to NHS Borders and Scottish Borders Council.

The key functions delegated from NHS Borders Board and the Scottish Borders Council to the CHCP include all governance arrangements relating to services delivered in partnership between the organisation and other stakeholders for adults and older people, people with mental ill-health, learning disabilities and children's services. This includes joint planning, service redesign, performance monitoring (including Single Outcome Agreement and HEAT targets) and commissioning of services. Health Improvement, Drugs and Alcohol Services and Prevention Strategies, Housing and Data Sharing also come within the remit of the CHCP.

The CHCP is responsible for the delivery of the "HEALTHY BORDERS" theme of the Community Planning Partnership.

The role of the Partnership Board is to:

- to set the strategic vision
- to agree a Strategic Plan for Community Health Partnership working
- to monitor overall progress against joint HEAT targets, CHP objectives which relate to joint working between SBC and NHS Borders and joint outcomes within the SOA including those for Health Improvement
- ensure structural and cultural barriers to joint working are minimised so that patients and the public experience seamless care and enhanced services
- to hold the Joint Planning and Delivery Committee to account in delivering all the above

3.2 Joint Planning & Delivery Committee

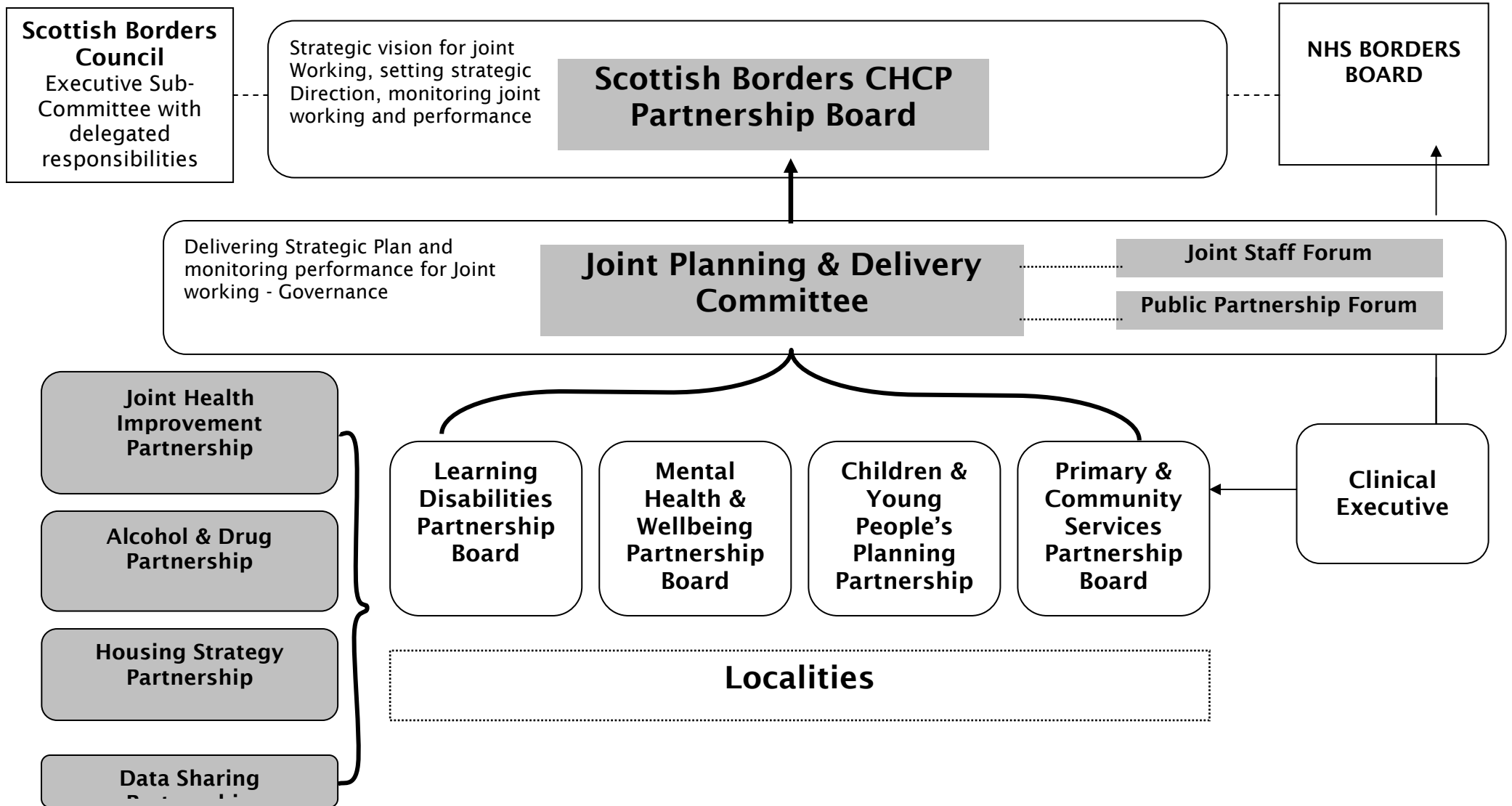
The committee's role is to deliver the CHCP Strategic Plan, monitor governance arrangements, plan, commission and redesign jointly delivered services, hold Joint Boards and Joint Commissioning Teams to account and drive forward health improvement.

This work is taken forward through a number of key groups that are responsible for specific patient / client groups. These include the *Primary & Community Care Interface Group*, the *Mental Health & Wellbeing Partnership Board*, the *Joint Learning Disabilities Board* and the *Children & Young People's Planning Partnership* that report directly to the Joint Planning & Delivery Group.

The Chairs of the *Joint Health Improvement Team (JHIT)*, the *Drug and Alcohol Action Team (DAAT)*, the *Housing Strategy Group* and the *Data Sharing Partnership* will all be members of the Joint Planning & Delivery Group to ensure their work (which cuts across all the groups mentioned above) is aligned with the work of the partnership.

Please see below for an outline of the CHCP organisational structure:

Community Health & Care Partnership



3.3 CHCP Sub Groups: Roles & Remits

The section below sets out the roles and remits of the key Planning Groups/Management Boards that oversee the services managed within the CHCP. These are set out against the following Key responsibilities.

Role & Remit Key

Service Management (MH/LD)	1
Planning	2
Commissioning	3
Budgeting	4
Leadership	5
Joint Working	6
Communication	7

3.3.1 Learning Disabilities Board (LD)

Co-Chairs:

LD Partnership, Client Representative
Director of Integrated Health Services (NHSB)

Membership:

Head of Social Care & Health (SBC)	LD Assessment & Treatment Services Manager
Joint Manager, Joint LD Service (NHSB/SBC)	Senior Finance Manager
Housing Strategy Manager (SBC)	Public Health Rep
Performance & Improvement Manager (SBC)	Director of Housing & Care (Eildon Housing Assoc.)
Clinical Chair, Primary & Community Services (NHSB)	Managed Care Network Rep
Consultant Psychiatrist (NHSB)	Carers Rep
Community Nurse, LD Service	'Peoples First' Reps (x2)
Staff Partnership Rep	User Reps (x3)

Schedule of Meetings: Quarterly

Role and Remit:

1 - Service Management (MH/LD)	1.1 - To take overall accountability for effective delivery of health and social care services to people with learning disabilities to promote social justice, inclusion, health and wellbeing.
2 - Planning	2.1 - To set the strategic direction for the provision of health and social care services for people with a Learning Disability.
3 -Commissioning	3.1 - To plan the commissioning of services for people with learning disabilities.
4 - Budgeting	4.1 - Be responsible and accountable for all multi-agency learning disabilities services funding and other identified delegated budgets.
5 - Leadership	5.1 - To promote a culture of continuous improvement throughout the service. 5.2 - Monitor the operational implementation of the agreed strategy. To ensure that all service delivery is both efficient and cost effective.
6 - Joint Working	6.1 - Promote and seek opportunities for joint working through the integration and/or co-location and/or co-ordination of services.
7 - Communication	7.1 - Manage two-way communication across communities, key agencies and to the relevant accountable bodies.

3.3.2 Mental Health & Wellbeing Partnership Board

Chair:

Head of Service Social Care & Health

Membership:

Carer Reps (x2)	Joint Service Manager (NHSB/SBC)
Chair, Clinical Governance & Quality Group	Joint Staff Forum Representative
Director of Integrated Health Services (NHSB)	Planning Manager (Health or Social Work)
Health Improvement Team Representative	Primary & Community Services Rep (NHSB)
Chair, Mental Health Forum	Social Work Group Manager (SBC)
Finance Manager (Health or Social Work)	User Reps (x2)
Chair, Joint Mental Health Clinical Management	

Membership may be balanced between Health and Social Care by co-opting appropriate members.

Occasional Attendees:

Acute Care Representative	Housing Representative
Community Planning Representative	Leisure Representative
Employment Representative	

Other attendees may be invited as appropriate

Schedule of Meetings: Bi-monthly

Role and Remit:

1 - Service Management (MH/LD)	1.1 - To take overall accountability for effective delivery of health and social care services to people with mental health issues. To promote social justice, inclusion, health and well being. 1.2 - Monitor the implementation of the agreed strategy.
2 - Planning	2.1 - To set the strategic direction for the provision of health and social care services for people with mental health issues.
3 -Commissioning	3.1 - To plan the commissioning of mental health services
4 - Budgeting	4.1 - Be responsible and accountable for all multi-agency mental health services funding and other identified delegated budgets.
5 - Leadership	5.1 - To promote a culture of continuous improvement throughout the service. 5.2 - To ensure that all service delivery is both consistent and cost effective.
6 - Joint Working	6.1 - Promote and seek opportunities for joint working through the integration and/or co-location and/or co-ordination of services.
7 - Communication	7.1 - Manage effective communication across all localities, key agencies and to relevant accountable bodies.

3.3.3 Children & Young People's Planning Partnership

Chair:

Director of Education & Life Long Learning (SBC)

Membership:

Head of Children's Services & Criminal Justice (SBC)

Lothian & Borders Police

Community Learning Manager (SBC)

Children's Reporter (SCRA)

New Ways Liaison Officer (The Bridge)

Director of Integrated Health Services (NHSB)

Children's Services Manager (NHSB)

Group Manager (Assessment) Children & Families (SBC)

Integration Manager, Children & Young People's Planning Team

Project Officer, Children & Young People's Planning Team

SWIA

Youth Borders – Acting Chair

Schedule of Meetings: Bi-monthly

Role and Remit:

The aim of the Scottish Borders Children and Young People's Planning Partnership is to set and oversee the strategic development and delivery of children and young people's services in Scottish Borders to deliver Bright New Futures (Integrated Children's Services Plan).

The Partnership will:

2 - Planning	2.1 - Produce an Integrated Children's Services Plan (BNF) that will serve as the overarching plan for all agencies. 2.2 - Ensure individual agency and service plans are consistent with BNF. 2.3 - Ensure children, young people and their families are actively involved in the planning, design and delivery of services.
3 -Commissioning	3.1 - Commission key areas of strategic development. 3.2 - Oversee all commissioned services.
4 - Budgeting	4.1 - Promote and seek opportunities for joint budgeting. 4.2 - Be responsible and accountable for all multi-agency children's services funding and other identified delegated budgets.
5 - Leadership	5.1 - Take overall responsibility for the delivery of outcomes outlined in the Single Outcomes Agreement (SOA) and HEAT Target relating to Children and Young Peoples services.
6 - Joint Working	6.1 - Promote and seek opportunities for joint working through the integration and/or co-location and/or co-ordination of services.
7 - Communication	7.1 - Manage two-way communication across all localities, key agencies and to the relevant accountable bodies.

3.3.4 Primary & Community Care Partnership

Chair:

Alternated monthly between Primary & Community Services -
General Manager (NHSB) and Head of Social Care & Health
(SBC)

Membership:

Borders Community Care Forum Representative
General Manager, BGH (NHSB)
Director of Integrated Health Services (NHSB)
Clinical Locality Managers (NHSB)
Director of Nursing & Midwifery (NHSB)

Finance Representative
Head of Social Care & Health (SBC)
Joint Future Implementation Officer (x2)
GP Lead Long Term Conditions (NHSB)
Lead, Long Term Conditions (NHSB)

Pharmacy Lead (NHSB)
Clinical Development Manager, Mental Health (NHSB)
Lead Nurse, Mental Health (NHSB)
Nurse Representative (NHSB)

Organisational Development Representative
Partnership
Patient/Public Representative (x2)
Clinical Chair, Primary & Community Services (NHSB)
General Manager, Primary & Community Services
(NHSB)
Lead Nurse, Primary & Community Services (NHSB)
Rapid Response Team Leader
Social Care Worker (SBC)
Social Work Manager (SBC)
Strategy & Planning – Group Manager to Head of
Service
Therapy Lead
GP Lead, Unscheduled Care (NHSB)
Unscheduled Care – Lead (NHSB)
User/Carer Representative

Schedule of Meetings: Monthly

Role and Remit:

1 - Service Management	1.1 - To take overall accountability for effective delivery of specific joint services (as delegated by NHS Borders / Scottish Borders Council. This currently includes: Borders Ability Equipment Service (BAES)
2 - Planning	2.1 - Address Joint areas of service planning/redesign between Health and Social Services combining the following groups: <ul style="list-style-type: none"> • JCT Community Care & JCT Executive • Transforming Older People's Services – Programme Board • Home Care Review • Delayed Discharge Steering Group 2.2 – Ensure compliance with the delivery of the Community Health Care Partnerships Strategic Plan to drive forward Health and Social Care improvements: <ul style="list-style-type: none"> • Provide a clear mechanism for co-operation among health and social care employers and recognised trade unions in planning and implementing the Joint Future and broader joint working agenda (need to link for JSF – note) • Provide a clear channel of communication among all employers and staff affected by the joint future agenda • Assess and discuss the impact of the joint agenda on staffing structures, roles and responsibilities and working practices across local government and health.
3 -Commissioning	3.1 - To be accountable for joint planning for older people and people with physical disabilities and commissioning plans.
4 - Budgeting	4.1 - To be responsible for the management and monitoring of joint budgets such as the Delayed Discharge Fund; jointly developed services such as the Intermediate Care Service etc. 4.2 – Promote and seek opportunities for joint budget and commissioning key area's of service development making best use of current and new resources including, people, buildings and money.
5 - Leadership	5.1 - Take overall responsibility for the delivery of outcomes outlined in the Single Outcomes Agreement (SOA) and HEAT Target relating to Adults and Older People.

6 - Joint Working	6.1 - Promote and seek opportunities for joint working through service integration and/or co-location and/or coordination of services.
7 - Communication	7.1 - Manage effective communication across all localities, key agencies and to relevant accountable bodies.

Additional Information:

The remit of this group excludes responsibility of Children's Services, Mental Health, Learning Disabilities and Health Improvement which are covered under the respective Clinical Boards, Joint Health Improvement Team and Young People's Planning Partnership.

3.3.5 Joint Health Improvement partnership (JHIT)

Chair:

Acting Director of Public Health (NHSB)

Membership:

Director of Social Work (SBC)
 Director of Education & Lifelong Learning (SBC)
 Clinical Locality Manager (NHSB)
 Voluntary Sector Rep (BVCCF)
 Joint Staff Partnership Forum (SBC)
 Drug & Alcohol Action Team Coordinator (NHSB)

Planning Manager for Older People (SBC)
 New Way Co-ordinator (SBC)
 Chief Pharmacist/Head of Clinical Services (NHSB)
 Occupational Health Services Manager (NHSB)
 Planning & Performance Manager (NHSB)
 Joint Service Manager for Mental Health (NHSB/SBC)

Head of Social Care & Health (SBC)

Schedule of Meetings: Quarterly

Role and Remit:	
2 - Planning	2.1 - Development and agreement of Joint Health Improvement Plan , CHCP Health Improvement Development Plan and other significant health improvement strategies, for example on smoking, food and health, physical activity, sexual health, improving children's physical and emotional well-being.
3 -Commissioning	3.1 Commission key area's of strategic development.
4 - Budgeting	4.1 - Agreeing use of resources and budgets specifically identified for health improvement, such as the Health Improvement Fund allocated to NHS Borders, and influencing the use of other funds which impinge upon health improvement, such as the Quality of Life monies allocated to SBC.
5 - Leadership	5.1 - Strategic leadership of health improvement in Scottish Borders on behalf of the Community Planning Partnership.
6 - Joint Working	6.1 - Accountable for defined areas of health improvement work through the 3 sub-groups and co-ordination with other work addressing health improvement (e.g. work within other New Ways theme groups, DAAT, homelessness strategy etc).
7 - Communication	7.1 - Sharing of information and coordination of health improvement work between local agencies. 7.2 - Involve and engage a broader stakeholder community through regular communications and events.

JHIT - Joint Commissioning Teams Sub- Structures – Groups

Joint Health Improvement Management Team – A small executive group to progress the work of the JHIT between meetings and to coordinate and manage the three sub groups:

- Children & Young Peoples Health Improvement Group - (also reports to the Children & Young People's Planning Partnership)
- Adult Health Improvement Group
- Localities Health Improvement Group

3.3.6 Alcohol & Drug partnership (DAAT)**Chair:**

Chief Superintendent – Lothian & Borders Police (Interim Chair)

Membership:

Chair, Adult Services Sub Group

Assistant Director of Finance (NHS Borders)

Associate Director of Nursing (NHSB)

BCAT Consultant Psychiatrist (NHSB)

Community Safety Manager (SBC)

DAAT Coordinator (NHS Borders)

DAAT Development Officer (NHS Borders)

Director of Education(SBC)

Families & Criminal Justice – Head of Service (SBC)

Head of Offenders Outcomes (HM Prisons)

Inspector, Lothian & Borders Police

General Manager, Mental Health Services (NHSB)

Group Manager, Mental Health Service (SBC)

SBC Deputy Leader

Chair, Young Peoples Sub Group

Schedule of Meetings: Monthly**Role and Remit:**

The role and remit of the DAAT is in the process of being reviewed at local and national level following a national 'Stock-Take' review of all DAATs across Scotland. Nationally, this work is being led by a National Delivery Reform Group. Although final guidance is yet to be received (including a proposed new title of 'Alcohol & Drug Partnerships'), draft proposals state that the key functions of the alcohol and drugs partnerships should be to:

2 - Planning	2.1 - Carry out evidence-based assessments of local needs (including workforce development needs); 2.2 - Identify priority outcomes relating to drugs and alcohol, and their contribution to deciding and achieving the local and national outcomes contained within the Single Outcome Agreement process (see "outcomes" section); 2.3 - Develop a strategy for the delivery of these priority outcomes, for agreement by the full Community Planning Partnership(s). Such a strategy should bring together and make clear the roles and contributions of relevant agencies, bodies and programmes across the community planning partnership (including the Third Sector);
3 -Commissioning	3.1 - Local budget-holding delivery bodies would be expected to commission services in line with the strategy developed by the Alcohol and Drugs Partnership and agreed by the Community Planning Partnership.
4 - Budgeting	4.1 - To act as advocate for this strategy, and to argue for it being given the necessary priority and investment within the Community Planning Partnership(s).
5 - Leadership	5.1 - Take overall responsibility for the delivery of outcomes outlined in the Single Outcomes Agreement (SOA) and HEAT Targets relating to the Drugs and Alcohol.
6 - Joint Working	6.1 - The operational relationship between delivery bodies (such as CHPs) and the Alcohol and Drugs Partnership may vary depending on the nature of local delivery arrangements (for example, whether there is an integrated Community Health and Care Partnership operating under the aegis of the Community Planning Partnership.) This should be a matter for local discretion, as long as the Alcohol and Drugs Partnership's clear strategic role is maintained.
7 - Communication	7.1 - Manage effective communication across all key agencies and to relevant accountable bodies.

3.3.7 Borders Housing Strategy Partnership Group

Chair:

Independent Chair

Membership:

Director of Planning (SBC)

Head of Housing and Social Work Strategy (SBC)

Group Manager Housing Strategy and Services (SBC)

Private House Building Rep (Homes for Scotland)

Chief Executives, Local Housing Associations

Rep from Borders Equality Forum

Rep from Borders Construction Industry Forum

Rep from NHS Borders

Housing Strategy Staff (S.E. Scotland Councils)

Housing Investment Division Staff (Scottish Govt.)

Voluntary Sector Reps. (Changeworks, Shelter)

Rep from Lothian and Borders Police

Rep from Scottish Water

Rep from Scottish Rural Property Business Assoc.

Rep from Business Improvement Unit (SBC)

Rep from Rural Housing Scotland

Schedule of Meetings: Bi-Annual, a smaller Core Group meets Bi-monthly

Role and Remit:

The aim of the Borders Local Housing Strategy Partnership Group is to agree the overall aims, direction and development of the Local Housing Strategy in the Scottish Borders.

2 - Planning	2.1 The Partnership Group will oversee the development, monitoring and implementation of Scottish Borders Local Housing Strategy. To do so, information sharing on a wide range of housing strategy-related areas, including research, statutory guidance and housing policy will be undertaken. The group will oversee the planning and development of the Strategy and ensure that it is presented to Scottish Ministers in the timescale that is requested by the Scottish Government.
3 -Commissioning	3.1 The Group will commission research for the purpose of building on existing knowledge to ensure that the strategies are up to date and 'fit for purpose'. The Group will also act as a 'steering group' for projects.
4 - Budgeting	4.1 The Group will agree the priorities for spending and assist in aligning priorities for key stakeholders responsible for the delivery of the Local Housing Strategy. For example, by ensuring Housing Associations are meeting the needs of communities by building the required level of affordable housing in the correct area.
5 - Leadership	5.1 Strategic leadership of meeting housing need, addressing housing conditions, prevention of homelessness, housing support and other housing-related issues.
6 - Joint Working	6.1 Promote joint working through the members of the Group, and to seek closer links across housing market areas, for example, with other local authorities in the South East of Scotland through joint commissioning of services.
7 - Communication	7.1 Manage effective communication to residents in the Scottish Borders and to key stakeholders through the approval and monitoring of the Communications Plan for Housing Strategy and Services.

3.3.8 Data Sharing Partnership

Chair:

Director of Social Work (SBC)

Membership:

Director of Integrated Health Services (NHSB)

Director of Education & Lifelong Learning (SBC)

Head of Social Care & Health (SBC)

Head of Families & Criminal Justice (SBC)

Children's Resource Manager (SBC)

Children & Families Assessment Manager (SBC)

Head of IT Services (SBC)

Lead Nurse, Primary & Community Services (NHSB)

Scottish Government's Efficiency and Transformational Government Division

Children & Young People's Planning Team Project Officer

Director of Nursing (NHSB)

Group Manager, Assessment & Care Management (SBC)

Community Care Manager (SBC)

Learning Disability Service Manager (SBC)

Head of I.M & T (NHSB)

Chair, Scottish Borders Child Protection Committee

AHP Lead Nurse, eHealth Project (NHSB)

Lothian & Borders Police

Schedule of Meetings: Bi-monthly

Role and Remit:

The Borders Data Sharing Partnership (DSP) Forum has overall responsibility for the delivery of the Borders Data Sharing Partnership (DSP) project. It has a pivotal role in dealing with the main internal challenges that face the project around securing project governance and resourcing, developing and securing business buy-in and driving the agenda of electronic data and information sharing forward across the agencies.

1 - Service Management (MH/LD)	1.1 – Take responsibility for effective delivery of Data Sharing across the multi-agencies represented in the project.
2 - Planning	2.1 – Set the strategic direction for the adoption and delivery of electronic data and information sharing across the agencies.
3 -Commissioning	3.1 – Plan the commissioning of electronic data sharing across the agencies.
4 - Budgeting	4.1 – Undertake identification and negotiation of the required budget for the project. 4.2 - Be responsible and accountable for all DSP project funding.
5 - Leadership	5.1 – Take overall responsibility for delivery of DSP project outcomes and deliverables 5.2 – Provide strategic leadership for the DSP Project across the agencies.
6 - Joint Working	6.1 – Promote and seek opportunities for increased and enhanced joint working through the DSP project outcomes and deliverables.
7 - Communication	7.1 – Manage effective communication across all localities, key project agencies and to relevant accountable bodies.
8 – Information Governance	8.1 – Have overall responsibility for multi-agency information sharing and any related joint information governance requirements

Ralph Roberts
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 NHS Borders
Co Chairs, CHCP Planning & Delivery Committee

Andrew Lowe
 Director of Social Work
 Scottish Borders Council

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