THE DISESTABLISHMENT OF THE SCOTTISH BORDERS COMMUNITY HEALTH AND CARE PARTNERSHIP

Aim

1.1 In line with the legislation removing Community Health and Social Care Partnerships from the statute on 31st March 2015, the Integration Shadow Board is being asked to consider the governance implications and make a recommendation to Borders NHS Board and Scottish Borders Council on future arrangements for those elements outwith the remit of the Integration Joint Board.

Background

- 2.1 Community Health Partnerships were established in 2005 as sub committees of NHS Boards. In the Scottish Borders there was a revision of the local arrangements and the Community Health & Care Partnership (CH&CP) was set up as a Partnership Board. The CH&CP was therefore established as a formal subcommittee of both Scottish Borders Council's Executive and NHS Borders Board. The Reform (Scotland) Act 2004 allowed NHS Boards to delegate functions to a CHP as prescribed by CHP regulations and as specified in the approved Scheme of Establishment. The CH&CP had delegated authority from the parent organisations (NHS and SBC) to approve a 3-year rolling Scottish Borders Joint Community Health and Care Business Plan.
- 2.2 The key functions delegated from the NHS Borders Board to the CH&CP included all governance arrangements relating to services delivered in partnership with Scottish Borders Council and other stakeholders for Adults and Older People, people with Mental III Health and Learning Disabilities and Children's services to include joint plans, service redesign, performance monitoring and commissioning of services.
- 2.3 Health Improvement, Drugs and Alcohol Services and Prevention Strategies, Housing and Data Sharing also came within the remit of the CH&CP and performance monitoring of joint outcomes relating to HEAT targets, CH&CP objectives relating to joint working, the Community Plan and the Single Outcome Agreement were all covered by the governance arrangements of NHS Borders. Scottish Borders Council had similar powers in respect of delegation of functions confirmed through the Council's Code of Governance.
- 2.4 The role of the CH&CP Board was:-
 - To set the strategic vision
 - To agree a Strategic Plan for Community Health Partnership working
 - To monitor progress against joint HEAT targets, CHCP 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 Group to account in delivering all of the above

- 2.5 The Joint Planning and Delivery Group was established to ensure that the CH&CP Board were supported in the development of the strategic plans relating to those functions and to ensure delivery. The membership consisted of senior managers from the Clinical Boards, Adult Social Work, Housing and Health Improvement, as well as representation from the Third Sector, Staff and Carers representation, with input from the Patient and Public Forum in order to ensure a patient/service user perspective.
- 2.6 There were a number of groups who had responsibility for joint services, service redesign and development, commissioning and health improvement who had accountability into the CH&CP:-
 - The Learning Disabilities Board
 - The Mental Health and Wellbeing Partnership Board
 - Children and Young People's Planning Partnership
 - Primary and Community Care Interface Group
 - Joint Health Improvement Team
 - Drug & Alcohol Partnership
 - Data Sharing Group
 - Housing Strategy Group
- 2.7 In 2014, in anticipation of the development of the Integrated Health and Social Care Partnership arrangements, the functions of the CH&CP became a part of the responsibilities of the Health & Social Care Integration Shadow Board.

Future arrangements

Governance

- 3.1 The Integration Scheme for Health and Social Care which outlines the scope of what is to be included under the remit of the Integrated Joint Board is currently out for consultation.
- 3.2 In consideration of the future governance responsibilities of the Integrated Joint Board it is clear that the oversight of those functions carried out by the Learning Disabilities Board, the Mental Health and Wellbeing Board and the Primary and Community Care Interface Group will fall under the remit of the Integrated Joint Board.
- 3.3 The outstanding issue is the future governance of the Children and Young People's Partnership arrangements. In consultation with Officers, Board members and Councillors, a proposal on the future partnership arrangements will be finalised by the Children and Young People's Leadership Group who will make a proposal to Scottish Borders Council and Borders NHS Board.
- 3.4 The work associated with the existing partnership groups links in to the Community Planning Partnership and will play a key role in the Strategic Planning Commissioning plan for the Integration Joint Board.

The Interim period before the legal establishment of the Integrated Joint Board with its full functions.

4.1 The Integrated Joint Board will be formed in April 2015 and remain as the Integration Shadow Board. It will not have full formal functions delegated to it until the start date for the Strategic Plan on the 1st April 2016. In the period between the CH&CP coming off statute on the 31st March 2015 and the formal establishment of the Integrated Joint Board on the 1st April 2016, the Integration Shadow Board will act in an advisory capacity to Borders NHS Board and Scottish Borders Council.

Children and Young Peoples Partnership Working

5.1 A proposal in relation to the Children and Young People's partnership working will be submitted to Scottish Borders Council and Borders NHS Board in April.

Recommendation

The H&SC Integration Shadow Board is asked to **support** the proposed way forward.

Policy/Strategy Implications	As per legislative requirements in regard to disestablishment of the CH&CP	
Consultation	N/A	
Risk Assessment	N/A	
Compliance with requirements on Equality and Diversity	Complete	
Resource/Staffing Implications	N/A	

Approved by

Name	Designation	Name	Designation
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