

## Mental Health Governance Board

### Terms of Reference

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*“Patients have little interest in organisational/institutional priorities or mergers. They want organisations not to argue between themselves or send conflicting messages. They expect professionals to work together as a ‘team around the patient’, and they want services to work together likewise: that is, to come together at the point they are needed, and to meet people’s needs in the round<sup>1</sup>.”*

## 1 Objective/Purpose

### 1.1

Local authorities and NHS bodies are not automatically established to undertake each other’s roles but may, through the use of formal arrangements, act as a “host” for managing another’s functions on a day to day basis as set out in a formal arrangement. Under NHS Act 2006 a Section 75 agreement documents this formal arrangement. The Section 75 agreement is a partnership of equal control whereby one partner can act as a “host” to manage the delegated functions, including statutory functions of both partners who remain equally responsible and accountable for those functions being carried out in a suitable manner.

### 1.2

The Mental Health Governance Board exists to:

- Provide the strategic governance overview of the delegated Service as set out in the Section 75 Agreement
- Ensure that the governance arrangements of the delegated Service are in keeping with both organisations performance and quality structures
- Agree and sign off any changes to the delegated Service that will impact on delegated functions and seconded staff

<sup>1</sup> *Integrated Care: what do patients, service users and carers want?* National Voices.  
[http://www.nationalvoices.org.uk/sites/www.nationalvoices.org.uk/files/what\\_patients\\_want\\_from\\_integration\\_national\\_voices\\_paper.pdf](http://www.nationalvoices.org.uk/sites/www.nationalvoices.org.uk/files/what_patients_want_from_integration_national_voices_paper.pdf)

- Review financial and performance information relating to the delegated Service
- Ensure that the interface between the delegated Service and other CCC client groups such as Children, Older People, Learning Disability and people on the Autistic Spectrum is managed effectively in line with both parties statutory functions and authorisation in as far as they relate to the delegated Service

## **2 Accountability**

- 2.1 Appendix 2 Diagram of governance structure.

## **3 Membership**

- 3.1 CCC  
Nominated Council Member  
Executive Director CFA  
Service Director OP & MH  
Service Director Strategy and Commissioning  
Head of Mental Health
- 3.2 CPFT  
Chief Executive  
Chief Operating Officer  
Director of Integrated Partnerships  
Director of Finance

## **4. Quorum criteria**

- 4.1 Two directors from each partner organisation must be present for the meeting and any decisions or authorisation made at the meeting to be quorate.

## **5. Frequency of Meetings**

- 5.1 Bi-monthly.

## **6. Approval and Review**

- 6.1 The terms of reference will be approved and reviewed by the Board members.

## **Appendix 1. Assumptions underpinning these terms if reference.**

- 1 The partnership between CCC and CPFT is in place to enable partners to design and deliver services around the needs of the service user.**
- 2 Adult Social Care Outcomes Framework is incorporated into the integrated service to improve the quality of the mental health services.**
- 3 The delegated health related social care functions from CCC to CPFT are discharged in a manner that improves outcomes for service users.**
- 4 That the section 75 agreement will include:**

### **4.1 Service**

- Scope of the mental health services covered by the partnership.
- Description of the integrated model for delivery
- Principles and Approach to Delivery of Functions.
- Processes for the Delivery of Frontline Services.
- Description of the services
- location of the services.
- How services are accessed, access and hours of operation, to include out of hours provision.
- Agreed criteria for access to county residents in need of adult mental health social care services.
- How social care packages are accessed (including Fair Access to Care), reviewed, managed and monitored.
- Links to other non-partnership services.
- Services provided for carers.
- Jointly Agreed Service Improvement Objectives.
- Jointly agreed tasks for the “host partner” to undertake.

### **4.2 Workforce**

- Professional social care leadership is in line with the Social Work Reform Programme and is consistent county and trust wide, assured by executive leadership.
  - Ensure local authority funded mental health social care staff delivering local authority functions have the same or equivalent access as direct council employees to relevant information systems, resources, services and intelligence about the local communities.
  - Develop social work as a unified profession, while supporting the development of local professional social work specialism's as required.
  - That all Approved Mental Health Professionals complete all professional standards of practice, training and supervision.
  - The workforce affected by the partnership arrangements are consulted with as part of the planning of the agreement.
  - The roles and responsibilities of mental health social work in an integrated team are developed with the support of the College of Social Work.
  - Local authority funded social care staff, as part of their induction to the service, understands the arrangements for secondment and terms of employment under s113 of the Local Government Act.
  - Personnel, Management, and Structure are set out to include:
1. Staffing according to WTE staff numbers and professional groups lists from each partner.

2. Roles and Profession of each Partner's Establishment.
3. Integrated/Managed Establishment.
4. Secondment Arrangements.
5. TUPE arrangements if required.
6. Recruitment Protocol.
7. Job Descriptions of Professions where required.
8. Duties and Responsibilities of Staff in Integrated Teams.
9. Terms and Conditions of Employment.
10. HR Process for the Partners.
11. Role of "Host Partner" in day to day management.

#### 4.3 Social Care Outcomes

- Social Care Outcomes that measures how well integrated services provide care and support.
- Outcomes that measures quality of access and contact.
- Outcomes that measure experience of care and support to live full and independent lives.
- Services that are preventative and personalised and recovery focused.
- Outcomes for safeguarding vulnerable adults and protecting them from avoidable harm.
- Outcomes for access and quality of services to carers.
- Deliver to the Adult Social Care Outcomes Framework<sup>2</sup> to include the following:
  - 1) Enhancing quality of life for people with care and support needs.
  - 2) Delaying and reducing the need for care and support
  - 3) Ensuring that people have a positive experience of care and support.
  - 4) Safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm

#### 4.4 Governance and Key Performance Indicators

- Key performance Indicators reporting to evidence the objectives and outcomes.
- Reports ASCOF measures for people with mental health needs in contact with integrated services.
- Reporting the effect of integration on the service as a whole.
- Ensure the suitability of data from their respective data systems to avoid duplication and also agree the frequency of data reporting

#### 4.5 Resources

- Funding arrangements and breakdown of costs.
- Payment schedules and process

#### 4.6 Partnership processes

- resolving disputes
- reviewing and revising the section 75 agreement

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<sup>2</sup> [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/141627/The-Adult-Social-Care-Outcomes-Framework-2013-14.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/141627/The-Adult-Social-Care-Outcomes-Framework-2013-14.pdf)