



# **Perth & Kinross Health & Social Care Partnership Mental Health & Wellbeing Care Board**

## **Terms of Reference**

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## 1. Purpose of the Mental Health & Wellbeing Care Board (Background)

The Health and Social Care Planning and Commissioning Board is responsible for ensuring that there is a coordinated and consistent approach to commissioning services on behalf of partner agencies in Perth and Kinross. It aims to ensure a joined up approach to strategic planning and service delivery in order to maximise best use of public resources and deliver seamless services by working across organisational boundaries.

There are four “sub” Boards sitting within the framework for delivery of the Strategic Planning and Commissioning Board:

- Older People's & Unscheduled Care Board
- Carers Board
- Mental Health & Wellbeing Board
- Primary Care Board

The Mental Health & Wellbeing Care Board will oversee the development and implementation of the strategic delivery plan for mental health and wellbeing care in line with the objectives of the P&K IJB Strategic Commissioning Plan and within resources available.

## 2. Chairperson

The Mental Health & Wellbeing Care Board will be chaired by the Perth & Kinross Health & Social Care Partnership (P&K HSCP) Head of Health and the Co-Chair of the Board will be the P&K HSCP Head of Adult Social Care & Social Work.

## 3. Support

The meetings will be serviced by the P&K HSCP.

## 4. Membership

The membership of the Board, the Senior Responsible Officer (SRO) / Chair and Co-Chair will be reviewed annually. The core membership is detailed below, but it is expected that additional members will be co-opted as necessary from time to time:

| #   | Board Position                     |
|-----|------------------------------------|
| 1.  | SRO / Chair                        |
| 2.  | Co-chair                           |
| 3.  | Clinical Representative            |
| 4.  | Social Work Representative         |
| 5.  | Strategic Programme Lead           |
| 6.  | Nursing Representative             |
| 7.  | AHP Representative                 |
| 8.  | Portfolio Lead                     |
| 9.  | Finance Representative             |
| 10. | Commissioning Representative       |
| 11. | Locality Management Representative |
| 12. | ECS Representative                 |
| 13. | Housing Representative             |
| 14. | Partner Representative             |

|     |                                       |
|-----|---------------------------------------|
| 15. | Inpatient Representative              |
| 16. | Prisoner Healthcare Representative    |
| 17. | Public Health Lead                    |
| 18. | 3 <sup>rd</sup> Sector Representative |

Each individual member will fully represent, appropriately feedback into and act in accordance with the delegated authority they hold on behalf of their organisation.

Lead Clinicians, Service Managers and Officers from relevant organisations will undertake the necessary day to day work on behalf of the Board.

Meeting minutes will be circulated to those deemed necessary and in addition to:

|     |                         |
|-----|-------------------------|
| 18. | Human Resources Officer |
| 19. | Communications Officer  |

## **5. Quorum**

Meetings of the Mental Health & Wellbeing Care Board will be quorate when 7 members including at least the Chair or the Co-chair.

## **6. Frequency of meetings**

It is expected that meetings will take place on a six weekly basis but with a minimum of six times per year. Additional meetings may be required from time to time in order that any urgent matters are dealt with promptly.

## **7. Roles & Responsibilities**

This Board differs from the other Boards in that four existing strategy groups, listed below, will report to it:

1. Mental Health and Wellbeing Strategy
2. Learning Disability Strategy
3. Substance Use Strategy (ADP)
4. Autism Strategy

The main responsibilities specifically for Mental Health & Wellbeing are to:

1. Identify areas for commissioning and decommissioning regarding the above strategies with support from the strategy groups
2. Identify key deliverables and priorities for all the strategies listed above
3. Establish appropriate clinical leadership for the implementation of the strategies
4. Develop high level monitoring of operational implementation at locality level ensuring equality of provision as appropriate
5. Coordinate the implementation of the strategies by identifying any cost cutting themes and areas of duplication and taking action as appropriate
6. Ensure the models/pathways of care proposed by the strategy programme groups are financially sustainable
7. Contribute to the Partnership Annual Performance Review setting out and explaining performance against targets on an annual basis
8. Developing a 1 year and 3 year financial plan for Mental Health and Wellbeing

9. Ensure links to wider developments in inpatient services Community Planning Partnerships and Tayside Mental Health Board
10. Authorise and monitor proposals regarding spend of any new Scottish Government monies
11. Develop and ensure the delivery of the Communications, Participation and Engagement, Workforce and Organisational Development plans as they relate to the work of the Board

The Board will be expected to ensure that plans are scrutinised to ensure alignment with the core Principles of the Strategic Commissioning Plan and that outcomes are achieved within the agreed timescales. Where deviation from expected outcomes is identified, the Partnership will require assurance that appropriate remedial action has been taken, and will monitor performance and delivery accordingly and produce regular progress reports for the Strategic Planning and Commissioning Board and the IJB.

The Mental Health & Wellbeing Care Board will also contribute to the Partnerships Engagement Strategy to support the engagement of service users, carers and citizens and identify opportunities to improve user participation in co-producing services.

#### **8. Dealing with Sensitive Matters and Possible Conflicts of Interest**

The Mental Health & Wellbeing Care Board may at times have to consider confidential information on matters related to commissioning, procurement or performance. Members are individually required to declare known conflict of interests prior to commencement of meetings. The Partnership will determine whether or not any declaration necessitates exclusion from discussion on specific issues.

#### **9. Authority**

The Senior Leadership Team of the Mental Health & Wellbeing Care Board has devolved executive accountability to define the strategic direction older people in Perth & Kinross. (Authority to be agreed)

The Mental Health & Wellbeing Care Board is authorised by the P&K HSCP IJB to prioritise issues and take decisions within the scope of its remit.

The Mental Health & Wellbeing Care Board may establish sub groups, short life working groups and commission individuals to carry out work on its behalf, as it deems necessary.

#### **10. Review**

It will be necessary to evaluate the effectiveness of the Mental Health & Wellbeing Board and adapt arrangements as necessary.

Terms of Reference will be reviewed annually and may also be altered at other intervals in accordance with the implementation of health and social care national policy reforms and subsequent guidance.

Proposed changes will be submitted to the Strategic Planning and Commissioning Board for approval.

#### **11. Strategic Priorities**

The Mental Health & Wellbeing Board will identify the priorities for progression and direct additional tasks when necessary.

## 12. Reporting Arrangement

The reporting hierarchy for the Mental Health and Wellbeing Care Programme is detailed in the diagram below:

