‘Joining Up Services’

Joint Commissioning & Strategic Partnerships

Adult Services

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1. Introduction

1.1 The future of health and social care for adults is changing and nationally the future direction of health and social care is being set by the Department of Health to address the challenges of a changing and ageing population, higher expectations, greater choice and independence. In order to meet the future vision of health and social care the need for a strategic commissioning framework across all partners has been asserted. (Our Health, Our Care Our Say - White Paper) At the heart of effective and efficient service provision and development is strategic commissioning. “Good commissioning secures good value for money” (The State of Social Care CSCI 2005).

1.2 This document is sets the local context for joint commissioning between Rotherham MBC and Rotherham PCT. Both organisations have signalled a fresh commitment to partnership working. The Council has undergone a significant restructure which brings together housing, social care and community engagement functions under one Neighbourhood & Adult Services Directorate. With a new Strategic Director and integrated management team there are huge opportunities for integration, joint working and partnerships. The new Directorate’s configuration is specifically geared towards effective commissioning and partnership working.

1.3 Rotherham PCT has also recently appointed a new Chief Executive. With a fresh commitment to partnership working across health and social care the PCT is enthusiastic about the development of joint commissioning, pooled budgets and service integration.

1.4 The Corporate Performance Assessment recently carried out by the Audit Commission acknowledges the partnership arrangements between the Council and the PCT. It highlights protocols for information sharing and the jointly produced public health strategy which clearly links the health inequalities agenda to poverty and economic well-being.

1.5 The main focus of the Joint Commissioning Framework is to deliver better outcomes for service users through service integration and realignment. Developing joint decision making structures and combining the skills of both organisations will improve service quality and satisfaction.

1.6 This document describes the overarching framework and strategic approach adopted by Rotherham Primary Care Trust (PCT), and Rotherham Metropolitan Borough Council (RMBC), to integrate commissioning of services of joint responsibility in Rotherham. We have a history of successful joint working as partners across the Council and PCT. It is supported by an action plan setting out the steps to be undertaken to ensure the framework is embedded and is successful in leading to improved services.

1.7 Joint Commissioning in Rotherham is being achieved within the context of the Rotherham Partnership. Rotherham’s Community Strategy sets out a long term vision for the year 2020 of a borough where everyone feels proud to live and work, where every citizen and business can realize their potential. There are five strategic and two
cross cutting themes. The Council’s vision for the borough is a vision that looks forward to a Rotherham that is Learning, Achieving, Alive, Safe and Proud, and is underpinned by principles of Sustainable Development and Fairness. The provision of health and social care is embedded within these key themes.

1.8 This framework covers the following adult groups;

- people with a physical or sensory impairment
- older people
- people who are managing a long term condition
- People with a mental health problem
- People with a learning disability

For the purpose of this document an adult is someone who is over the age of 18 years.

The framework covers joint processes and structures including, analysis of need, consultation, finance, workforce planning, information, organisational development, planning and procurement. For the purposes of this document the term “adult” refers to these communities of interest only.

1.9 Joint commissioning is part of the overall commissioning of services and also links with the joint commissioning of services for children and young people, e.g. transition services

1.10 In 2005 the Council’s Social Care services for elderly people were inspected by CSCI and reported that commissioning reflected the Department’s strategic aims and objectives. Partners were involved in commissioning and there was close partnership working with the PCT. It was recommended that the Council and PCT should further formalise their commissioning arrangements. The planning groups, joint planning arrangements and structures have been reviewed and new arrangements are being put in place.

1.11 Currently there are a number of distinct strategies specific to particular user groups or conditions including;

- Opening Doors (Sensory and physical disabilities)
- Disability Equality Scheme
- Older Peoples Strategy
- Older People’s Mental Health Strategy
- Intermediate care
- Extra Care housing
- Telecare/Assistive technology
- Managing long term conditions
- Management of falls
- Reducing avoidable emergency admissions
- Supporting People
- Carers strategy
- Rotherham Compact – Voluntary and community sector strategy
Appendix 1

- Valuing People – key strategy for people with learning disabilities
- Mental Health Strategy
- Mental Health Promotion Strategy
- Partnerships with Older People (POPPs)
- Towards an Integrated Independent Living Strategy (Sept 06)

2 National documents linked to this strategy

- Our Health, Our Care, Our Say - White Paper
- Improving the Life Chances of Disabled People
- Health Reform in England – Update and Commissioning Framework
- Forthcoming guidance on Commissioning and Joint Commissioning
- Building Capacity and Partnership in Care
- A Sure Start to Later Life - Ending Inequalities for Older People
- National Service Framework (NSF) for older people and the follow-up document ambition for old age
- “Everybody’s Business” Service Development Guide for OPMH
- Mental Health NSF (1999) and ‘NSF five years on’ 2004
- Mental Health Policy Implementation Guides (2001 and following)
- Valuing People white paper

3. Purpose and Core Values

3.1 The core values of the NHS are: providing equal access to care that is available at the point of need regardless of ability to pay, personal to the individual patient and achieved within a taxpayer-funded system that must demonstrate value for money. (Health Reform in England - Next Steps)

3.2 The core values of the Council and PCT are:

**Rotherham Council**

- Putting people first and ensuring fairness and equity in service delivery
- Ensuring effective consultation and involvement
- Working in partnership
- Becoming a better employer
- Promoting sustainable development
- Being democratic open and accountable

**Rotherham PCT**

- Open accessible and approachable
- Responsive and respectful
- Responsible, trustworthy and accountable
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- Fair and equitable; valuing diversity
- Efficient and effective
- Supportive and enabling
- Forward looking and dynamic
- Working to improve health in everything we do

Although similar at present the further development of integrated working will also see the joint development of common values.

3.3 The reform of the NHS is underpinned by a number of initiatives covering

- more choice and a much stronger voice for patients (demand-side reforms)
- more diverse providers, with more freedom to innovate and improve services (supply-side reforms)
- money following the patients, rewarding the best and most efficient, giving others the incentive to improve (transactional reforms)

3.4 The Government's White Paper ‘Our Health Our Care Our Say’ (Jan 2006) identified a number of key outcomes, which the health and social care community should attempt to achieve:

- improved health
- improved quality of life
- making a positive contribution
- exercise of choice and control
- freedom from discrimination or harassment
- economic well-being; and personal dignity

The White Paper also sets out requirements to;

- Seek the views and wishes of patients and service users and to act on their views
- Involve local people in decision making

4. Vision for Joint Commissioning

4.1 Within Rotherham there is a good history of close working between the PCT and Rotherham Adult Social Services, e.g. Services for People with a Learning Disability and Intermediate Care. Over the next five years there will be a staged approach to embedding and extending Joint Commissioning. The key features of our vision for Joint Commissioning are to;

- Strengthen current joint working relationships through joint planning and joint performance targets
- Develop integrated health and social care teams
- Integrate planning, procurement and performance management where there are common areas of interest
- Establish and manage a range of pooled budgets for specific service areas
- Develop integrated personal health and social care by 2008
4.2 Rotherham MBC’s Corporate Performance Assessment (CPA) praised the local authority on its partnership arrangements;

“Rotherham MBC “has developed major strategic partnerships which are improving services to customers and citizens and achieving financial savings”

4.3 The CPA recognised the need to build on the council’s strong partnership arrangements by enhancing shared governance arrangements with partners. It highlighted the potential for joint commissioning and shared service provision and integrated performance management.

4.4 The CPA also considered pooled budgets and recommended that they be expanded beyond learning disabilities and aids and adaptations. The Audit Commission also highlighted the importance of linking investment in housing with health outcomes.

5. What is Commissioning?

5.1 Commissioning: the process of re-directing and allocating resources, according to agreed priorities, to meet the changing needs and aspirations of vulnerable children and adults to achieve measurable social care benefits in the most efficient and effective way possible”.

(IDeA website ‘Managing the Money’ re-launched 2006)

Whilst the definition interprets commissioning in a wide ranging way it is also necessary to distinguish strategic commissioning from purchasing or contracting. The former involves taking a long term view of demand, reviewing what supply is available and what is desired and then bringing the two together to describe the long term plan for evidence based service configuration. Purchasing and contracting arrangements are over a much shorter time span and focus on the detail of the service to be contracted for and delivered. Nonetheless within this process there may still be a wide diversity of arrangements by which services are procured; from service users buying under direct payment or individual budget arrangements, through services provided by the local authority under service level agreements to services directly purchased.

There are of course many models of commissioning, most of which have similar characteristics in that they describe a cyclical process of activities encompassing needs analysis, aligning resources to meet needs, developing services and monitoring performance. However, the institute of public care’s (IPC) framework, described below, is based upon four key performance management elements – analyse, plan, do and review.

The IPC approach sees a key component of effective commissioning as the development of comprehensive commissioning strategies. These strategies in turn drive contracting arrangements, with systems to ensure strategies are implemented, with effective use of monitoring to assess and evaluate progress. The IPC commissioning framework (fig 1) shows the key activities involved in that cycle and the principles that underpin it, namely:
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- All of the four elements of the cycle (analyse, plan, do and review) are sequential and of equal importance, i.e. commissioners and contractors should spend equal time, energy and attention on the four elements.

- A written joint commissioning strategy per client group (or as appropriate) should be developed, which focuses on that client group’s needs across agencies.

- The commissioning cycle (the outer circle in the diagram) should drive the purchasing and contracting activities (the inner circle). However, the contracting experience must inform the ongoing development of commissioning.

- The commissioning process should be equitable and transparent, and open to influence from all stakeholders via an on-going dialogue with patients/service users and providers.

- Service user involvement should be recognised as a central element of the commissioning cycle and there should be representation at all levels.

Commissioning is the process of identifying needs within the population and of developing policy directions, service models and the market, to meet those needs in the most appropriate and cost effective way.

Procurement and contracting is the means of purchasing a specific area of service from one or more providers. Essentially, commissioning of services is the context within which purchasing & contracting takes place.
5.2 **Joint commissioning** is the process in which two or more commissioning agents act together to co-ordinate their commissioning, taking joint responsibility for the translation of strategy into action. (DH 1995)

5.3 Joint commissioning includes a number of elements. Figure 2 sets these out in the form of a cycle representing the overall joint commissioning framework. Key to the process are the following elements:

- Strategic analysis of needs
- Mapping of current service provision, and resources
- Gap analysis
- Service redesign
- Procurement/contracting
- Performance monitoring
- Review including impact/outcomes

These elements are described in greater detail later.

5.4 Joint Commissioning is particularly supported by arrangements under flexibilities introduced by the Health Act 1999 section 31 which introduced powers to enable health and local authority partners to work together more effectively and came into force on 1st April 2000. These partnership arrangements brought together health bodies, such as Primary Care Trusts and Hospital Trusts, with health-related local authority services such as social services, housing, transport, leisure and library services, community and many acute services. Key features of Joint Commissioning are:

- Pooled budgets: the ability for partners to contribute agreed funds to a single pot, to be spent on agreed projects for designated services
- Lead commissioning - where partners can agree to delegate commissioning of a service to one lead organisation
- Integrated provision - where partners can bring together staff, resources, and management structures to integrate the provision of a service from managerial level to the front line

5.5 The aim of Joint Commissioning is to enable partners to work together to design and deliver services around the needs of users, rather than worrying about the boundaries of their organisations. These arrangements help eliminate unnecessary gaps and duplications between services.

5.6 The key components of effective joint commissioning are set out in sections 6 – 15.
Figure 2 – The Joint Commissioning Cycle

Joint Commissioning Cycle

Population Needs Assessment

Current service and resource mapping

Gap Analysis, comparison

Service Redesign

Procurement

Performance & Quality Management

Impact / Outcome focus Review strategy
6. Strategic analysis of needs

6.1 This is central to the whole of health and social care in Rotherham, is broader than joint commissioning and covers

- Demographic trends
- Socio-economic data
- Health statistics
- Housing information
- Involvement of service users and carers
- Aggregated information from care plans
- Implications from data analysis
- Needs of neighbourhoods
- Consideration of service eligibility criteria

6.2 Close working between the Strategic Director of Neighbourhood & Adult Services and the Director of Public Health will ensure that strategic analysis of health and wellbeing needs is carried out. The Strategic Director of Neighbourhood & Adult Services has strategic responsibility and accountability for the planning, commissioning and delivery of social services for all adult client groups and fulfils those duties set out in the Guidance on the Statutory Chief Officer Post of the Director of Adult Social Services.

6.3 Strategic needs analyses aim will help develop a complete picture of need including future projections on which plans and commissioning of services can be based. A strategic needs analysis for adults in Rotherham will be developed in response to the white paper. However, progress has been made in relation to particular groups and is included in the respective service strategies identified earlier. The emerging older person’s strategy ‘Ambition and Wellbeing in Later Life’ is informed by research statistics. Some high level key statistics that are relevant include:

6.4 Older People

- Currently 87,200 (30%) of Rotherham’s population is over 50 years old
- Over 60 yrs = 51,652, 20.8%, over 65 years = 38,658 and over 75 = 17,623, 7.1%. The number of over 85 year olds (4084) is expected to increase by 75% by 2025
- 15% of all people over 60 in the borough provide unpaid care for at least one hour per week
- In the 2001 census 57% of all persons over 60 in Rotherham said they had a limiting long term illness compared to 48% in 1991
- 98% of older people are white background, 0.8% Asian, 0.9% White Irish

6.4 Learning Disability

- 779 people known to the learning disability service
- 197 (25%) are over 50 years
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- between 20 – 30 young people transfer to the service from Children’s disability service each year
- 25(3%) people from minority ethnic communities are known to the service

6.5 Physical and Sensory Impairment

- 26,151 adults between 16 and 64 consider themselves to be suffering from a long term condition that limits daily activities (17.4% of the population.
- 928 people registered blind in April 2004, 1448 registered partially sighted
- It is estimated that 56,621 people likely to have mild to severe deafness in Rotherham
- 288 people identified with dual sensory loss (June04)
- Estimated that there are over 30,000 carers in Rotherham
- People from minority communities report significant lower incidence of limiting long term illness, white 29%, Asian 18%, black 16%, Chinese 13%

6.6 Mental Health

- 2,100 people in Rotherham aged 16-65 will have a common mental health problem at any one time
- 800 people will have a psychotic disorder
- Carers are twice as likely to experience mental health problems themselves if they provide substantial care
- Recent survey shows that 84% of people with mental health problems feel isolated compared to 29% of the general population
- Life expectancy for people with severe mental health problems is 10 years less than for the general population
- People with mental health problems frequently have housing problems such as rent arrears or poorly maintained accommodation
- Nationally only 24% of working age adults with long term mental health problems are in work – the lowest employment rate of any of the main groups of people with a disability

7. Mapping service provision and market analysis

7.1 This will be undertaken in respect of each service user group and will cover

- Resources available, health and social care
- Providers
- Take up of services
- Identification of over/under capacity, strengths and weaknesses
- Occupancy/vacancy statistics
- Referral and assessment mechanisms and trends
- Market analysis, development potential
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- Costs of service provision.
- User and carer feedback
- Pathways for care
- Identification of current and future risks

8. Gap analysis

8.1 This will compare the assessment of the current and future needs with the current service provision including

- Service strategies
- Comparison between assessed needs and current provision,
- Identification of shortfalls
- Identification of services no longer required
- Option generations of how needs may be met in the future or better met
- What are service users and carers saying about the service?

9. Service redesign

9.1 From the gap and market analysis the priorities, objectives and outcomes for future service provision will be developed, based on

- Potential market development
- Option appraisal,
- Pathways of care
- Cost analysis and business cases
- Risk assessments
- Stakeholder consultation and involvement
- Use of service design tools and models
- Service user and carer involvement

9.2 This will set out proposals and recommendations to improve services for the care group concerned identifying shifts in provision required. It will set out a vision of reshaped provision, services requiring decommissioning and developing new ones. It will identify possible contracting options.

10. Procurement/contracting

10.1 This element is critical in its own right but is dependent on the previous elements of the commissioning cycle. Separate processes will be operated either within the PCT or the Local Authority or on a joint basis dependent on the service sought. The terms are defined as follows:
10.2 **Procurement**: securing or buying services. However it must be remembered that Commissioning is much more than the buying of services of which procurement is one element.

10.3 **Contracting**: putting the procurement of services in a legally binding agreement.

10.4 **Service Level Agreements**: written undertakings agreed between purchasing and providing agencies.

10.5 The approach to contracting will draw on expertise of specialist contracting staff in the Council and PCT in developing and monitoring contracts for adult services. Overtime there may be scope to develop greater joint working by the relevant staff in the PCT and Council’s contracting/procurement units. The approach will cover:

- The medium term commissioning objectives
- Enabling providers to develop medium term business plans
- Outcome based service specifications
- Scope for collaboration, competition and new service development
- Market development/management priorities
- Avoid an overly legalistic approach to contracting while ensuring compliance with legislation and probity
- Linking of length of contracts to confidence in quality of service provided, future funding and levels of need
- Value for money

11. **Performance Management**

11.1 This will take place at a number of levels including service delivery standards, inputs, outputs and will be outcome focussed informed by:

- National performance measures
- Views of users/carers,
- Quality assurance
- Individual care plan reviews aggregated
- Contract compliance reviews
- Inspections
- Compliments and complaints
- Views of the general public
- Costs
- Meeting of national registration and quality standards

11.2 Performance monitoring will seek to improve standards of care and will draw on current monitoring in the PCT and Council. Therefore, there needs to be organisational capacity to develop and monitor service standards including operational staff to review all care plans.
Appendix 1

11.3 Performance monitoring will be targeted and take into account the changing inspection regimes, registration standards, failure to meet standards or where there are no registration standards. Similarly there may be need for enforcement action and publication of performance against standards to all stakeholders especially users and carers.

11.4 Monitoring arrangements will be audited and validated.

12. Consultation & Involvement

12.1 This is central to ensuring successful joint commissioning and will be undertaken in partnership with other partners within and external to the two main organisations e.g. Rotherham Partnership. This includes:

- The general public on adequacy, choice and quality of current services thereby raising awareness of services available
- Ongoing consultation with users and carers through surveys e.g. Reachout, user forums and groups, trends in compliments and complaints
- Providers, through forums, specific surveys to analyse the market and identify opportunities to shape the market
- Voluntary organisations and advocacy organisations, e.g. Threads, Speak-up, ROPES, RAP, Age Concern
- Staff within both the PCT and Council
- Other Council Directorates and public sector providers

12.2 In line with the commitment within the White Paper a more systematic approach will be taken to involvement of service users and carers. There will be a clear differentiation between involvement and consultation. The outcome is seen as a key component of knowing what works well and what doesn't for service users and carers

13. Financial Framework

13.1 The financial framework underpinning joint commissioning will enable the development of:

- Single budgets
- Joint funding / Match funding
- Pooled budgets (Section 31 HA1999)
- External funding/grants
- Direct Payment /individual budgets
- Budget adjustments and realignments
13.2 Joint commissioning will meet the financial regulations and standing orders of both organisations.

14. **Information**

14.1 Identification, provision and analysis of information is central to joint commissioning across both the PCT and the Council and will similarly require a joint approach based on appropriate information sharing within the requirements of the data protection act 1998. Closer integrated working will require further development of information sharing across organisations.

14.2 This will be critical to undertaking the strategic needs analysis, mapping service referrals and provision, aggregating service user needs and preferences, setting and monitoring service standards and delivery, designing new services, cost analyses etc.

15. **Human resources and workforce planning.**

15.1 A number of practical human resource issues will need to be addressed as joint working is further developed. Cultural change will be a significant feature of more joint working and this will need to be managed.

15.2 Further development of joint workforce planning will support current integrated working developments e.g. learning disability, intermediate care, dual generic support workers. Joint workforce planning will focus on self management and the social model of disability.

15.3 Directors of Rotherham PCT, Children’s Services and Neighbourhood & Adult Services are meeting on a regular basis to review and plan for workforce development needs in the future. A multi-agency workforce planning group has already been established to drive this forward.

16. **Review of Joint Commissioning/Service Strategies**

16.1 Service specific commissioning strategies will be developed and reviewed regularly. Similarly contracts will be developed and reviewed on the same basis.

16.2 The outcome of performance monitoring will feed into review and revision of commissioning and contracting strategies. Rotherham is gaining national recognition for its performance management arrangements and delivering better outcomes. This was acknowledged in the CPA score of 4/4. Rotherham PCT has recognised this strength, resulting in joint performance management arrangements being developed across health and social care.
16.3 Strategies will be realigned to any changes in strategic priorities e.g. shift towards prevention and greater joint working in response to the white paper or amendments to medium term resource assumptions or demographic/demand changes.

16.4 New service strategies will provide a more geographic focus resulting in opportunities for local integration, greater access and user involvement.

17. Benefits and outcomes of joint commissioning

17.1 The Joint Commissioning Framework will enhance strategic planning arrangements at the highest level in the PCT and the Council. Working closely together and pooling delegated powers the Strategic Director of Neighbourhood & Adult Services and the Chief Executive of Rotherham PCT can set the direction for joint commissioning and planning.

17.2 Joint commissioning of services is expected to:

- Put the needs of patients/users at the centre of commissioning
- Enable health and social care to complement one another to provide a more joined up service
- Be clearer about local priorities for service provision
- Better understand each organisations purchasing intentions and likely impact on each organisation
- Better understand local needs, avoid duplication and fill gaps in provision
- Better forecasting of supply and demand for the future
- Be clearer about the level of investment and services purchased
- Adopt an evidence based approach to commissioning
- Identify clear outcomes for services linked to indicators including value for money
- Reduce the level of bureaucracy
- Meet national and local priorities for health and social care
- Provide better value for money through more efficient services
- Assist in the development of clear consistent eligibility criteria
- Assist in developing integrated teams, care pathways and single points of access

18. Governance arrangements

18.1 Figure 3 sets out a decision making route for inter-agency policy and strategy. It maps the relationship between the Rotherham PCT and Rotherham MBC decision making structures. This diagram also illustrates where Members, service users and provider organisations are able to influence the planning...
Appendix 1

and commissioning process. Figure 4 sets out in more detail the joint commissioning and planning structures that exist below the Adults Board.

These governance arrangements are likely to change over time particularly as the White Paper is implemented and joint working becomes further embedded across both agencies. Government guidance on development of joint commissioning for Children and Young Peoples Services requires development of a specific single joint commissioning unit. The growing agenda for joint services for adults is also likely to require similar arrangements specific to Adult Services in the future. This framework is the first step towards a fully integrated commissioning and planning structure.

18.2 A key action arising from this framework will be to further enhance the governance arrangements in line with the development of joint commissioning and integrated service provision. In particular, further work will be required on developing appropriate joint commissioning arrangements for mental health and learning disabilities.

18.3 The governance and reporting arrangements for planning groups within this structure are set out in the Terms of Reference documents (Appendices 1&2). There has been a realignment of these joint planning groups to ensure that;

- The strategic priorities of both organisations are addressed
- Officer involvement is at an appropriate level which is proportionate to the decision making responsibilities
- There is an opportunity to delegate decision making powers
- There is clarity as to the responsibilities and powers of the Adult Groups.

18.4 Where there is use of HA Flexibilities and there is delegation of functions then accountability for statutory responsibilities (for integrated working) does not change. It will still lay with the responsible organisation, i.e. PCT or Council.

18.5 The Adults Board is the main joint decision making body and it has significant decision making powers;

- Endorsement of joint strategies subject to ratification by Social Services Cabinet Member and the Rotherham PCT Executive Board
- Commissioning services which are subject to pooled budget arrangements
- Commissioning services which are funded through HA Flexibilities
- Making decisions on areas of common interest where the Chief Executive of the PCT and Strategic Director of Neighbourhoods & Adult Services have delegated powers.

The Adults Board has the capacity to make decisions on issues where the Strategic Director of Neighbourhood & Adult Services and the Chief Executive of Rotherham PCT have delegated powers. All issues that fall outside delegated powers require further approval by the Rotherham MBC
Appendix 1

Cabinet Member and the Rotherham PCT Professional Executive and Board. The Board will be chaired by the Chief Executive of Rotherham PCT.

18.6 The Adults Board is supported by a Joint Commissioning Group. This group acts as the engine room for joint commissioning and planning. It brings together relevant officers from both organisations who can assist with strategic development, needs analyses, supply mapping, contracting and performance management. The Joint Commissioning Group’s responsibilities are to:

- Ensure that appropriate Health and Social Care Needs assessments and supply mapping
- Develop and implement a joint Performance Management Framework for services that come under the remit of the Adults Board
- Ensure the development of service level agreements and contracts for services that are financed through pooled budget arrangements
- Support Commissioning Managers from Social Services and the Rotherham PCT in developing joint strategies
- Develop robust financial management systems for pooled budgets and services funded through HA flexibilities
- Develop a robust involvement framework which incorporates the views of service users, carers, health & social care providers and wider stakeholder groups.

18.7 Membership of the Adult Board includes formal statutory partners, Council Members and service users. The Board is chaired by the PCT Chief Executive.

18.8 The Joint Commissioning structure is divided into two distinct layers (See fig 3). The Adults Board and Joint Commissioning Group bring together commissioners from health and social care. There is no provider representation at this level. This ensures that decisions on commissioning are not subject to influence by provider organisations who have a vested interest.

18.9 However, all other planning and task groups will incorporate provider representation. These groups act as the interface between providers and commissioners, ensuring that the expertise of providers and their knowledge of delivery can inform the commissioning process.

18.10 Terms of reference and membership profiles for all planning and task groups can be obtained from the Joint Commissioning Team. Appendix 3 sets out membership lists for three of the planning groups that currently lead on Self Care, Older People Mental Health and Long term Conditions. It is envisaged that these planning groups will change over time. Some are time-limited and membership will be reviewed on a regular basis to ensure that an effective group of stakeholders is engaged at all times. Membership has been carefully constructed to incorporate providers who have sufficient knowledge and authority to inform the commissioning process.
19. **Role of the Joint Commissioning Team**

19.1 The Joint Commissioning Team (JCT) is responsible for co-ordinating the work of the Adults Board, Joint Commissioning Group and Adult Planning Groups. The team is jointly funded, located in the PCT and managed by its Strategic Director.

19.2 The JCT leads on needs analyses, supply mapping, gap analyses, service reviews and PMF development. Its focus is on services which

- Have a shared strategic interest for both the Council and the PCT
- Require joint working between health and social care staff
- Have been agreed by both agencies as coming within the Joint Commissioning Framework
Appendix 1

Fig 3. A Decision Making Route for Inter-Agency Policy and Strategy.
Appendix 1

Figure 4 – Joint Commissioning Structure – Adult Services

Commissioners only

ADULTS BOARD

Joint Commissioning Group

Mental Health Board

Learning Disabilities Board

Adults - Joint Planning Groups

Current work streams
- Social Inclusion
- Employment
- Carers
- Supported Housing
- Voluntary and Community

Current work streams
- Ethnic Minorities
- Parents with a Learning Disability
- Health Improvement
- Places to Live
- Advocacy
- Workforce Development
- Employment
- Working Together
- Carers

Current work streams
- Interqual
- Intermediate Care
- Neurological conditions
- Self care network
- Single Assessment Process
- Unscheduled care
- Sheltered housing
- Assistive technology
- Affordable warmth
- Falls prevention

SERVICE USER GROUP

Older People

Physical & Sensory Disability

Long Term Conditions
20. Service User Engagement

20.1 Service users and carers who are currently engaged in the planning groups have considered the new framework and put forward a number of proposals which would assist with better service user and carer involvement in the future. The framework will incorporate the following measures to ensure full and effective participation:

- Service users will be represented at all levels of the commissioning framework, including the Adult Planning Board.
- The development of a service user & carer group, which will bring together all representatives from the planning groups for support and training.
- This service user and carer group will be responsible for identifying appropriate representation on the planning groups and identifying where there are gaps in representation. The group will forward potential items for consideration within the overall framework.
- Pre-meetings before the Adult Board will be co-ordinated by the Joint Commissioning Team so that service user representatives can discuss issues before the main meeting.
- The development of membership lists for each planning group, which includes a brief job description for each member and what their role is on the group.
- The development of a training programme for service users and carers aimed who are represented in the framework.
- Develop new approaches to involvement which are innovative and engaging such as the Citizens Jury which is considering the needs of older people with mental health problems.

21. Council Member Involvement

Figure 3 sets out where local Councillors and Cabinet Members contribute to the decision making process.

Cabinet Member – Adult Social Care and Health

The Cabinet Member for Adult Social Care and Health retains all powers that have traditionally been held at this level. All proposals from the Adults Board which require changes to policy or strategy must be referred to Cabinet Member for endorsement. In fact all decisions which do not come under the delegated powers of the Strategic Director for Neighbourhood & Adult Services must still be taken by Cabinet Member.

Cabinet Member will receive quarterly reports from the Joint Commissioning Team (JCT) on current workstreams. At the beginning of each year the JCT will submit an annual joint commissioning work programme. This work programme will be presented to Cabinet Member and Rotherham PCT Board for endorsement. This process will ensure that the work programme addresses the strategic objectives of both organisations.
Appendix 1

Area Assemblies

The Joint Commissioning Framework has to maintain a close connection with broader public consultation and involvement mechanisms. The joint planning groups will be expected to engage with Area Assemblies, the main forums for wider public and Member engagement. Area Assemblies will provide local Councillors with the opportunity to consider the impact of the work of the planning groups on their community. Members will be able to provide a local perspective on joint planning issues, helping to ensure that services are sensitive to local need.

Adult Services & Health Scrutiny Panel

“Stronger, Prosperous Communities” provides additional powers for the LA to scrutinise arrangements in health and other stakeholder organisations. There is genuine local commitment from the PCT to participate in and test out scrutiny arrangements to deliver quality commissioning and better outcomes.

The Adult Services and Health Panel fulfils this role, bringing together local Members and local stakeholders from the voluntary and community sector to scrutinise strategic and policy development across health and social care.

All key recommendations from the Adult Board, which do not come under delegated powers can be referred to Scrutiny Panel for consideration. Whilst the Area Assemblies afford the opportunity for local issues to be discussed, Scrutiny Panel will ensure more detailed examination by a group of Councillors and stakeholders who have experience in service delivery or usage.

23. Scope of Joint Commissioning

23.1 The definition of joint commissioning highlights how two or more organisations may pool their resources and act together in implementing a common strategy to provide services. ‘Our Health Our Care Our Say’ gives particular attention to Commissioning and Joint Commissioning in particular. This framework will is in line with the recently published national guidance on commissioning for adult health and social care.

23.2 This framework will address the eight steps set out in the commissioning framework by; eight steps to more effective commissioning:

- Putting people at the centre of commissioning
- Understanding the needs of populations and individuals
- Sharing and using information more effectively
- Assuring high quality providers for all services
- Recognising the interdependence between work and health
- Developing incentives for commissioning for health and well-being
- Developing local accountability
- Developing capability and leadership
Appendix 1

23.3 Similarly it will reflect the closer working of the Strategic Director of Neighbourhoods and Adult Social Services and the Director of Public Health including the shift towards preventative services based on regular joint strategic needs assessments. It will also be clearly informed by systematic consultation with users and carers and Practice Based Commissioning.

23.2 Each organisation will also commission services separately and this strategy sits within the broader commissioning strategies of both the PCT and Council. It is recognised that this may change over time and what may be singly commissioned now may be joint in the longer term. The following sets out what is currently jointly commissioned and what scope there may be for further joint commissioning:

24. Supporting People

24.1 Services are currently jointly commissioned but not just by Health and Social Care. Although currently out of scope of this overarching framework there are clear linkages which need to be set out separately.

25. Community Drug Teams

25.1 A range of services are commissioned for people with drug, alcohol and substance misuse problems through the Joint Commissioning Group of the Safer Rotherham Partnership involving Police, Probation and other stakeholders as well as Health and Social Care

26. Practice Based Commissioning.

26.1 The White Paper signals the shift of services into primary and community settings giving a greater say and choice to patients. Practice based commissioning seeks to give practices and professionals the freedom to develop innovative, high quality services for patients. The accountability and support put in place will ensure the most effective and efficient use of public resources, including

- Fair budgets;
- Accurate information;
- Freedom to develop new and better patient care pathways;
- Good support and quality assurance;
- Strong, transparent governance and accountability.
- Adherence to local planning arrangements

26.2 Practices will work together to use their practice based commissioning plan to identify service improvements to be made, how this will free up resources and the subsequent use of such resources. The plan will be developed with the PCT and other practices to ensure that national and local priorities are
Appendix 1

properly taken into account and that practices are fully aware of the local opportunities for partnership working and local development. Practices will take into account the priorities agreed in local action plans such as the Local Delivery Plan agreed with the SHA, and Local Area Agreements agreed with local partners.

(Practice based commissioning, achieving universal coverage January 2006)

26.3 Practice based commissioning in Rotherham will contribute to and interlink with Joint Commissioning of services by RMBC and the PCT. Rotherham PCT is encouraging GPs to work in neighbourhoods to develop PBC. This will provide maximum support to the joint commissioning agenda. The full scope of joint commissioning will be influenced by the reforms of the white paper, Rotherham Partnership, the PCT and the Council and will change over time. It may include full joint commissioning, lead commissioning and also closer collaboration on single commissioning but with shared objectives.


The framework will help on all Standards but specifically its main contribution be towards Standards 1, 3 and 9

Standard 1- Improving health and emotional well-being

In order to achieve an Excellent rating the Council has to demonstrate that;

- There is well-developed and consistent joint working with health partners
- It has clear and successful mechanisms with partners to ensure quality response to needs

One of the key features of the Joint Framework is to strengthen working relationships between RMBC and RPCT. It will bring together commissioning, planning, procurement and performance management where there are common areas of interest and establish a range of pooled budgets for service areas where joint working adds value.

Standard 3 – Making a positive contribution

In order to achieve an Excellent rating the Council has to evidence that people who use services and their carers have been actively involved in development and improvement work.

Under the new framework there will be a greater level of service user participation. A service users and carers group will be established which brings together people currently attending adult planning groups. Strategic Planning officers will carry out a training needs analysis for current activists
and then develop a training programme which aims to enhance the contribution made by service users and carers. The service user group will be responsible for identifying appropriate representatives for the various planning and working teams.

**Standard 9 – Commissioning & Use of Resources**

In order to achieve an *Excellent* rating the Council has to;

- Make sure that commissioned service activity is linked to the outcomes in “Our Health, Our care, Our Say”
- Ensure that there is a comprehensive analysis of health and social care needs, a gap analysis and joint commissioning plan
- Ensure that there is a robust commissioning partnership between the Council, statutory, voluntary and private sector.

The Joint Planning Groups, which form part of the Joint Commissioning Framework act as an interface between the statutory/voluntary sector and commissioners/providers. The framework builds in consultation and planning mechanisms with provider organisations while at the same time ensuring a clear split between commissioning and service provision.
## Terms of Reference – Adults Board

**Rotherham Primary Care Trust and Rotherham MBC Adult Services**

**TERMS OF REFERENCE**

<table>
<thead>
<tr>
<th>Name of Group</th>
<th>ADULTS BOARD</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Accountable to</strong></td>
<td></td>
</tr>
<tr>
<td>Rotherham Primary Care Trust Board</td>
<td></td>
</tr>
<tr>
<td>Rotherham MBC Cabinet Member for Social Services</td>
<td></td>
</tr>
<tr>
<td><strong>Composition of Group</strong></td>
<td></td>
</tr>
<tr>
<td>Chief Executive of Rotherham PCT (Chair)</td>
<td>PCT</td>
</tr>
<tr>
<td>Strategic Director of Neighbourhoods &amp; Adult Services (Vice Chair)</td>
<td>RMBC</td>
</tr>
<tr>
<td>Service users and carers x2</td>
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</tr>
<tr>
<td>Cabinet Member for Adult Social Care and Health</td>
<td>RMBC</td>
</tr>
<tr>
<td>Senior Adviser – Adult Social Care &amp; Health</td>
<td>RMBC</td>
</tr>
<tr>
<td>Director of Strategic Planning</td>
<td>PCT</td>
</tr>
<tr>
<td>Director of Public Health</td>
<td>PCT</td>
</tr>
<tr>
<td>Associate Director of Strategic Planning</td>
<td>PCT</td>
</tr>
<tr>
<td>Director of Commissioning, Quality and Performance</td>
<td>RMBC</td>
</tr>
<tr>
<td>Chief Executive of Voluntary Action Rotherham</td>
<td>Vol. Sector</td>
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<tr>
<td>Strategic Planning and Commissioning Manager</td>
<td>Adults</td>
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<td>Strategic Planning and Commissioning Manager</td>
<td>LD &amp; MH</td>
</tr>
<tr>
<td><strong>Quorum &amp; Voting</strong></td>
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<tr>
<td>Quorum achieved when Chief Executive of the PCT and the Strategic Director of Neighbourhood &amp; Adult Services (or their substitutes) are present.</td>
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<tr>
<td><strong>Communities of interest</strong></td>
<td></td>
</tr>
<tr>
<td>Older people</td>
<td></td>
</tr>
<tr>
<td>Adults with a physical or sensory impairment</td>
<td></td>
</tr>
<tr>
<td>Adults who are living with a long term condition + MH and LD</td>
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</tr>
<tr>
<td>Adults with mental health problems</td>
<td></td>
</tr>
<tr>
<td>Adults with learning disabilities</td>
<td></td>
</tr>
<tr>
<td><strong>Responsibilities and Powers</strong></td>
<td></td>
</tr>
<tr>
<td>Endorsement of joint strategies before ratification by Social Services Cabinet Member and the Rotherham PCT Executive Board</td>
<td></td>
</tr>
<tr>
<td>To commission all services which are subject to pooled budget arrangements</td>
<td></td>
</tr>
<tr>
<td>To commission all services which are funded through HA Flexibilities</td>
<td></td>
</tr>
<tr>
<td>To make decisions on areas of common interest where the Chief Executive of the PCT and Strategic Director of Neighbourhood &amp; Adult Services have delegated powers.</td>
<td></td>
</tr>
</tbody>
</table>

*Membership is subject to review of current structure of Neighbourhood & Adult Services (NAS). It is envisaged that there will be a better balance of representation across health & social care after this reorganisation.*
### Appendix 1

| Delegation | The Board can delegate responsibility for decision making to the Joint Commissioning Group (JCG) when;  
|            | • There has been insufficient time at a meeting to cover the full agenda  
|            | • There is a decision required urgently and JCG is scheduled to meet before the main Board |
| Key objectives | Develop a joint strategic framework  
|                | Deliver an integrated unscheduled care service  
|                | Implement the ISIP for long term conditions  
|                | Develop a joint Winter Plan  
|                | Implement Interqual  
|                | Develop and implement the Joint Strategy for Older People’s Mental Health  
|                | Develop an implement the Joint Strategy on Falls  
|                | Effectively Manage the pooled budgets for Intermediate Care and for Learning Disability Services  
|                | Implement the Single Assessment Process  
|                | Develop and implement the strategy for people with a Learning Disability  
|                | Develop and implement an updated strategy for Mental Health Services  
|                | Develop housing options which address health and social care needs |
| Key outcomes | A reduction in admissions to hospital care  
|                | To achieve the aims set out in the Council’s Performance Outcome Framework  
|                | A reduction in admissions to residential care  
|                | Improved vocational and social outcomes for people with mental health problems and people with a learning disability  
|                | Improved social inclusion  
|                | A transfer of resources from secondary to primary care |
| Meeting Frequency | Two months |
| Operational arrangements | All agenda item submitted 10 days before the Board  
|                | Papers distributed 1 week before the meeting  
|                | All members to nominate a substitute who will receive papers  
|                | Terms of Reference reviewed every two years |
| Reporting arrangements | Cabinet Member for Social Services  
|                | Rotherham PCT Executive Board |
| Review | The Terms of Reference for the Adults Board will be reviewed in April 2008. |
### Appendix 2  Terms of Reference - Joint Commissioning Group

**Rotherham Primary Care Trust and Rotherham MBC Adult Services**  
**TERMS OF REFERENCE**

<table>
<thead>
<tr>
<th>Name of group</th>
<th>JOINT COMMISSIONING GROUP (JCG)</th>
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<tr>
<td>Accountable to</td>
<td>Adults Board</td>
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<tr>
<td><strong>Composition of group</strong></td>
<td></td>
</tr>
<tr>
<td>Head of Commissioning, Quality and Performance</td>
<td>RMBC</td>
</tr>
<tr>
<td>Associate Director of Strategic Planning</td>
<td>PCT</td>
</tr>
<tr>
<td>Associate Director Finance, Analysis and Contracting</td>
<td>PCT</td>
</tr>
<tr>
<td>Service Accountant – Chief Executives Office</td>
<td>RMBC</td>
</tr>
<tr>
<td>Head of Finance – Adults Social Care &amp; Health</td>
<td>RMBC</td>
</tr>
<tr>
<td>Deputy Director of Public Health</td>
<td>PCT</td>
</tr>
<tr>
<td>Planning, Workforce and Complaints Manager</td>
<td>RMBC</td>
</tr>
<tr>
<td>Strategic Planning and Commissioning Managers</td>
<td>Reporting Officers</td>
</tr>
<tr>
<td><strong>Note</strong> – membership subject to RMBC restructuring</td>
<td></td>
</tr>
<tr>
<td><strong>Quorum &amp; voting</strong></td>
<td>Not applicable</td>
</tr>
<tr>
<td><strong>Communities of interest</strong></td>
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</tr>
<tr>
<td>Older people</td>
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</tr>
<tr>
<td>Adults with a physical or sensory disability</td>
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<tr>
<td>Adults with a mental health problem</td>
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<tr>
<td>Adults with a learning disability</td>
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<tr>
<td>Adults who are living with a long term condition</td>
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<tr>
<td><strong>Responsibilities</strong></td>
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<tr>
<td>Carry out Health and Social Care Needs assessments and supply mapping as required by the Adults Board</td>
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<tr>
<td>Carry out supply mapping exercises</td>
<td></td>
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<tr>
<td>Develop and implement a joint Performance Management Framework for services that come under the remit of the Adults Board</td>
<td></td>
</tr>
<tr>
<td>Develop service level agreements and contracts for services that are financed through pooled budget arrangements</td>
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<tr>
<td>Support Commissioning Managers from Social Services and the Rotherham PCT in developing joint strategies</td>
<td></td>
</tr>
<tr>
<td>Develop robust financial management systems for pooled budgets and services funded through HA flexibilities</td>
<td></td>
</tr>
<tr>
<td><strong>Key objectives</strong></td>
<td></td>
</tr>
<tr>
<td>Develop a joint strategic framework</td>
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</table>
Deliver an integrated unscheduled care service
Implement the ISIP for long term conditions
Develop a joint Winter Plan
Implement Interqual
Develop and implement the Joint Strategy for Older People’s Mental Health
Develop an implement the Joint Strategy on Falls
Effectively Manage the pooled budget for Intermediate Care
Implement the Single Assessment Process
Develop housing options which address health and social care needs

<table>
<thead>
<tr>
<th>Key outcomes</th>
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<tbody>
<tr>
<td>A reduction in admissions to hospital care</td>
</tr>
<tr>
<td>A reduction in admissions to residential care</td>
</tr>
<tr>
<td>A transfer of resources from secondary to primary care</td>
</tr>
<tr>
<td>To achieve the aims set out in the Council’s Performance Outcome Framework</td>
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</table>

<table>
<thead>
<tr>
<th>Meeting frequency</th>
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<tbody>
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<td>Two months</td>
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<table>
<thead>
<tr>
<th>Operational arrangements</th>
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</thead>
<tbody>
<tr>
<td>All agenda item submitted 10 days before the meeting</td>
</tr>
<tr>
<td>Agenda prepared by the Associate Director for Strategic Planning</td>
</tr>
<tr>
<td>Papers distributed 1 week before the meeting</td>
</tr>
<tr>
<td>All members to nominate a substitute</td>
</tr>
<tr>
<td>Terms of Reference reviewed in October 2008</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Reporting arrangements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults Board</td>
</tr>
</tbody>
</table>

* Membership is subject to review of current structure of Neighbourhood & Adult Services (NAS). It is envisaged that there will be a better balance of representation across health & social care after this reorganisation.
## Appendix 1

### Long Term Conditions Planning Group

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Job Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>RPCT</td>
<td>Director of Strategic Planning RPCT</td>
</tr>
<tr>
<td>RMBC</td>
<td>Divisional Manager for Assessment &amp; Care Management and Residential Care Services</td>
</tr>
<tr>
<td>RPCT/RMBC</td>
<td>Strategic Planning and Commissioning Manager</td>
</tr>
<tr>
<td></td>
<td>Service User/Carer</td>
</tr>
<tr>
<td>RFT</td>
<td>General Manager Medical Specialties</td>
</tr>
<tr>
<td>RPCT</td>
<td>Director of Provider Services, RPCT</td>
</tr>
<tr>
<td></td>
<td>Deputy Director of Operational Services</td>
</tr>
<tr>
<td></td>
<td>Planning and Performance Manager</td>
</tr>
<tr>
<td></td>
<td>Adult Planning Team Development Officer</td>
</tr>
</tbody>
</table>

*Membership is subject to review of current structure of Neighbourhood & Adult Services (NAS). It is envisaged that there will be a better balance of representation across health & social care after this reorganisation.*

### Self Care Project Group

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Job Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>RPCT</td>
<td>Senior OT, Mental Health Services</td>
</tr>
<tr>
<td>RPCT</td>
<td>Superintendent Physio, Park Rehab</td>
</tr>
<tr>
<td>RPCT/RMBC</td>
<td>Strategic Planning and Commissioning Manager</td>
</tr>
<tr>
<td>RPCT</td>
<td>Acting Head Physio, RPCT</td>
</tr>
<tr>
<td>RFT</td>
<td>Rotherham Foundation Trust</td>
</tr>
<tr>
<td>RPCT</td>
<td>Clinical Lead Health Visiting</td>
</tr>
<tr>
<td>RPCT</td>
<td>Senior Manager Specialist, Adult Clinical Services</td>
</tr>
<tr>
<td>RPCT</td>
<td>Senior Clinical Nurse Manager, RPCT</td>
</tr>
<tr>
<td>RMBC</td>
<td>Commissioning and Contracting Manager RMBC</td>
</tr>
<tr>
<td>RPCT</td>
<td>Adult Planning Team Development Officer</td>
</tr>
<tr>
<td>RPCT</td>
<td>Public Health Specialist, RPCT</td>
</tr>
<tr>
<td></td>
<td>Volunteer Tutor</td>
</tr>
<tr>
<td>RPCT</td>
<td>Clinical Team Manager, RPCT</td>
</tr>
<tr>
<td>RPCT</td>
<td>Head Community OT</td>
</tr>
</tbody>
</table>
Appendix 1

Membership is subject to review of current structure of Neighbourhood & Adult Services (NAS). It is envisaged that there will be a better balance of representation across health & social care after this reorganisation.

OLDER PEOPLE MENTAL HEALTH STEERING GROUP

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Job Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>DASH</td>
<td>Team Leader, Community Mental Health Team</td>
</tr>
<tr>
<td>VOL/COM</td>
<td>Crossroads</td>
</tr>
<tr>
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<td>Service User/Carer</td>
</tr>
<tr>
<td>RPCT/RMBC</td>
<td>Strategic Planning and Commissioning Manager</td>
</tr>
<tr>
<td>RMBC</td>
<td>Manager Listerdale</td>
</tr>
<tr>
<td>RPCT</td>
<td>Public Health Specialist</td>
</tr>
<tr>
<td>VOL/COM</td>
<td>Alzheimer’s Society</td>
</tr>
<tr>
<td>DASH</td>
<td>Divisional Manager for Development, Provision and Support Services</td>
</tr>
<tr>
<td>RFT</td>
<td>Divisional Manager for PDSI and Hospital Based Services</td>
</tr>
<tr>
<td>RMBC</td>
<td>Group Manager, Hospital Social Work Team</td>
</tr>
<tr>
<td>VOL/COM</td>
<td>Chief Executive, Age Concern</td>
</tr>
<tr>
<td>DASH</td>
<td>Modern Matron</td>
</tr>
</tbody>
</table>

* Membership is subject to review of current structure of Neighbourhood & Adult Services (NAS). It is envisaged that there will be a better balance of representation across health & social care after this reorganisation.