

NHS COUNTY DURHAM AND DARLINGTON INTEGRATED BUSINESS BOARD

Partnership Governance

1. Introduction

The Audit Commission published a report in May 2009 following a review of the effectiveness of partnership governance arrangements in NHS County Durham and Darlington. A number of recommendations were made to strengthen arrangements to demonstrate effective and efficient use of resources and it was suggested that these be addressed through drawing up a formal policy and framework for partnership governance. Although the audit related to NHS County Durham the follow up work has been undertaken to reflect the recently revised commissioning arrangements with NHS Darlington and ensure effective partnership governance across the cluster. It is also important to note that the strengthening of partnership governance arrangements has been ongoing as part of the policy development work.

The policy and framework for partnership governance, see appendix A, has been sponsored by the company secretary, and has been prepared by the corporate business support manager in conjunction with an internal partnership task group. Whilst these arrangements are intended to focus attention on significant partnerships, e.g. health and wellbeing, joint commissioning, etc the principles also apply when participating in less significant partnership related activities.

A significant partnerships, joint committee and committee register, see appendix B, has been compiled to record key details of partnerships so that the organisation can demonstrate awareness of its key commitments in this area, and evidence the performance/risk management arrangements it has in place for each partnership.

Document management				
Version	Date	Summary	Owner's Name	Approved
1.0	19/06/09	Policy reviewed by partnership task group	Cameron Ward	Partnership task group members
2.0	1/09/09	Revised to take account of audit recommendations	Cameron Ward	Partnership governance task group members
3.0	31/10/09	Revised to cover NHS Darlington and NHS County Durham and formally impact assessed to present to ME for approval	Theresa Huddart	Management Executive
4.0	26/01/10	Approval of policy and framework for partnership governance	Theresa Huddart	

The policy has been through a rigorous consultation process involving the partnership task group members; assistant director of knowledge management and governance, executive director of public health, Darlington locality director of public health, director of financial services and director of partnerships and services. The policy has been checked, equality impact assessed and ratified by the policy development group in accordance with the *Policy for the Development and Approval of Policies (CO001)*.

Joint commissioning partnerships were looked at during the world class commissioning panel assessment in 2008/09. Within the context of the work outlined above, a specific focus on partnership governance of joint commissioning arrangements (including children's trusts arrangements), which are significant partnerships was undertaken with lead managers. The purpose was to understand existing governance arrangements and compare to the principles within the partnership governance policy and framework and key lines of enquiry used by the Audit Commission. A number of areas had been strengthened, such as finance management, performance management, specific governance arrangements and terms of reference. Further work is required to improve risk management, clarify counter fraud, (for those not falling under the arrangements of the PCTs), data quality and formal reporting of delivery against objectives and effectiveness to management executive and the integrated business board. This work is being taken forward with the lead managers as part of the ongoing policy implementation.

2. Implications and risks

The policy and framework proposed at appendix A, forms part of NHS County Durham's and NHS Darlington's corporate governance arrangements and is intended to mitigate risk and ensure effective governance of significant partnerships.

3. Recommendations

The integrated business board is asked to:

- Note the proposals outlined above and ongoing work to implement the policy,
- Approve the policy and framework for partnership governance

4. Author and sponsor director

Author: Nicola Hepple
Title: Corporate Business Support Manager

Director: Theresa Huddart
Title: Company Secretary
Date: January 2010

Evidence checklist

Purpose of paper	Information sharing	No
	Development/discussion	No
	Decision/action	Yes
How does the paper support / have implications for:		
NHS County Durham and Darlington's 4 strategic aims	Supports all four strategic aims	
Our Vision Our Future workstreams	No	
World class commissioning competencies	Competency 1, 2. Governance	
Standards for better health	Not applicable	
Use of resources	KLOE 1.1, 2.2, 2.3, 2.4	
Targets and vital signs	Not applicable	
NHS constitution	No	
Darzi principles	No	
Impact on / involvement of partners	Liaison with DCC and DBC	
Equality and diversity	No significant impact	
Other policies / issues	Supports local area agreement and comprehensive area assessment	

Policy and Framework for Partnership Governance**Corporate Policy CO036**

Version Number:	Version 2
Issued date:	25 November 2009
Review date:	November 2010

Sponsoring Director:	Company Secretary
Prepared by:	Corporate Business Support Manager
Consultation Process:	Assistant Director of Knowledge Management & Governance Executive Director of Public Health Director of Public Health Director of Financial Services Director of Partnerships and Services
Formally approved:	Date 25 November 2009

Policy adopted from:	19 June 2009 (as a working document)
Approval given by:	Partnership Task Group

POLICY VALIDITY STATEMENT

**This policy is due for review on the latest date shown above.
After this date, policy and process documents may become invalid.**

**Policy users should ensure that they are consulting the currently valid
version of the documentation.**

Document Information

Document Title: Policy and Framework for Partnership Governance

Initial Issue: Version 1: Date of first issue

Document history

Version	Date	Significant Changes
1	19/06/09	Updated to take account of audit recommendations
2	25/11/09	Updated to reflect revised governance arrangements between NHS County Durham and NHS Darlington. Policy equality impact assessed.

Equality impact assessments:

Date	Issues
6 November 2009	See Section 9 of this document

Policy and Framework for Partnership Governance

Contents

Section	Title	Page
1	INTRODUCTION	4
2	DEFINITIONS	4
3	FRAMEWORK FOR PARTNERSHIP GOVERNANCE	6
4	DUTIES AND RESPONSIBILITIES	8
5	IMPLEMENTATION	10
6	TRAINING	10
7	DOCUMENTATION	10
8	MONITORING, REVIEW AND ARCHIVING	11
9	IMPACT ASSESSMENTS	12
Appendices		
1	Partnership significance assessment scorecard	15
2	Partnership Registration Form	16
3	Self Assessment Guidance	19
4	NHS County Durham and NHS Darlington Strategic Priorities	29

Policy and Framework for Partnership Governance

1. Introduction

NHS County Durham and Darlington (NHS CD&D) aspire to the highest standards of corporate behaviour and clinical competence, to ensure that safe, fair and equitable procedures are applied to all organisational transactions, including relationships with patients their carers, public, staff, stakeholders and the use of public resources. In order to provide clear and consistent guidance, NHS CD&D will develop documents to fulfil all statutory, organisational and best practice requirements and support the principles of equal opportunity for all.

This policy will support the delivery of the 5 year strategy where NHS CD&D work in partnership to deliver its strategic aims.

This policy and framework is intended to ensure effective arrangements are put in place for the governance of partnerships.

1.1 Status

This policy is a corporate policy of NHS CD&D. This policy will apply to regional functions hosted by NHS CD&D.

1.2 Purpose and scope

The increasing development of partnership based approaches to delivery of care together with the comprehensive area assessment requirements place further emphasis on the necessity for strong governance and performance management in partnership working arrangements. In this respect, there needs to be a clear approach to ensure and demonstrate that investment in partnerships delivers effective and appropriate outcomes for the local population.

The review and evaluation of partnership working needs to be built into regular management arrangements so that there is ongoing consideration of their effectiveness, both by individual participants and by managers at appropriate levels. This policy and framework has been developed in order to ensure that there is a consistent approach, and to provide assistance in managing the task.

2. Definitions

A clear definition of partnerships is needed in order to clarify the working arrangements, which will be subject to this policy and framework.

It is not the intention to assess through this policy and framework every 'partnership' type activity that managers and board members engage in. The definition will identify those partnerships, which, as a minimum, need to record via the Significant Partnerships, Joint Committee and Committee Register.

A partnership is an agreement to work collectively between two or more independent bodies to achieve a common objective. Specific examples are:

- Formal forums (medium for discussion and debate with a key role in shaping strategy and service delivery)
- Joint working arrangements, whereby two or more organisations combine resources to achieve economies of scale or improved commercial bargaining power
- Management committees (steering group working together to support a particular project/organisation)
- Local Strategic Partnerships
- Partnerships required or covered by law, e.g. Community Safety Partnerships, health and local authority joint working involving pooled budgets, lead/joint commissioning or integrated service provision
- Collaborative working arrangements involving NHS CD&D where a service or project is delivered through a not-for-profit organisation, e.g. a Trust, Charity or Company limited by guarantee.

A significant partnership -

This depends on how strongly the partnership supports the delivery of corporate priorities, the amount of resources the organisation commits to the partnership, the statutory or regulatory framework and the levels of liability consequent on any serious failures within the partnership. The partnership significance assessment scorecard, see Appendix 1, should be used to help to determine a significant partnership.

Not a Partnership:

- Internal groups where NHS CD&D controls budgets or decision making
- Informal groups to discuss specific topics
- Appointments/financial commitments to outside bodies where the NHS CD&D has no strategic or policy function, e.g. grants to charities or projects, members appointed to organisations in an advisory capacity
- Private Finance Initiative (PFI), Framework for Procuring External Support for Commissioners (FESC) or other commercial arrangements
- Contracts or service level agreements or similar arrangements where one organisation pays another to deliver goods or services - existing procurement and contract management mechanisms will ensure effectiveness
- Other arrangements where there is no reputational risk to NHS CD&D.

3. Framework for partnership governance

3.1 Establishing a new partnership or reviewing an existing partnership

- 3.1.1 The purpose is to ensure that any joint working arrangements, which potentially bring a level of financial or reputation risk to the organisation, are evaluated, assessed and recorded, enabling appropriate performance management and risk control measures to be put in place. This includes ensuring that the organisation meets its duties where it is required to work in partnership or within a partnership arrangement by virtue of a statutory requirement.
- 3.1.2 Joint working arrangements where risk is already well controlled through contracts, service level, or other types of formal agreement or where the organisation effectively controls the relationship in other ways, e.g. makes the final decision on what activities it will fund, will not need to be included on the Significant Partnerships, Joint Committee and Committee Register.

When planning to establish a new partnership or when reviewing an existing partnership, direct reports and lead managers should:

- Refer to the definitions, exclusions and characteristics set out in section 2 above, bearing in mind the purpose of developing the register outlined in the preceding paragraph.
- Assess the significance of the partnership by using the assessment score card, see Appendix 1.

3.2 Significant partnership

- 3.2.1 The partnership and governance framework enables two levels of assessment depending on how significant the partnership is to the organisation. This indicates how strongly it supports the delivery of corporate priorities, the amount of resources the organisation commits to the partnership, the statutory or regulatory framework and the levels of liability consequent on any serious failures within the partnership.
- 3.2.2 Completing the partnership significance assessment scorecard, (Appendix 1) will enable significant partnerships to be identified. For partnerships that are not significant (those scoring 50% or less on the scorecard) Part A of the partnership registration form should be completed, see Appendix 2. This should include setting a review date to reassess the partnership, in a year's time or less if there is likely to be a change in circumstances necessitating further review. The registration form then needs to be sent to Nicola Hepple, John Snow House, Durham University Science Park, Durham DH1 3YG or email nhepple@nhs.net who will update the register.
- 3.2.3 For significant partnerships (those scoring more than 50%) Parts A and B of the partnership registration form should be completed and a comprehensive assessment of the partnership arrangements will need to be undertaken using the self assessment guidance for efficient partnership working, see Appendix 3.

3.3 Risk Management

- 3.3.1 The risk management process for partnerships is based on the organisation's risk management strategy and risk management operational policy. A specific risk assessment tool to assist with the governance of partnerships has been developed and is provided in Appendix 3. The process should be used when managers are reviewing an existing partnership or seeking to establish a new partnership
- 3.3.2 A risk register will be established and maintained by each significant partnership. This will be in accordance with NHS CD&D risk management policy for those hosted or led by NHS CD&D

3.4 The Significant Partnerships, Joint Committee and Committee Register

- 3.4.1 The purpose of the register is to record key details of partnerships, **which fit the agreed definition**, so that the organisation can demonstrate awareness of its key commitments in this area, and evidence the performance/risk management arrangements it has in place for each partnership. An annual review date will need to be agreed for each partnership and this will require lead managers to update the registration form and demonstrate progress on the action plan. Progress to be reported to the governance team who will update the register and a copy will be available on the intranet.
- 3.4.2 The Significant Partnerships, Joint Committee and Committee Register will be shared with the strategy delivery group, who oversee planning to ensure any partnership development is undertaken in accordance with this policy. This will also ensure the Significant Partnership, Joint Committee and Committee Register is kept under review and updated.
- 3.4.3 After completing the registration form, or agreeing the organisation's participation in a new partnership, lead managers should inform the governance team who will transfer appropriate details to the partnership register.

3.5 Strategic planning and partnerships

- 3.5.1 Effective links will be maintained between partnership governance and planning. This policy will be applied where the planning process identifies the need to establish a partnership.

3.6 Exiting a partnership

- 3.6.1 There may be a number of reasons why the organisation would consider leaving an existing partnership, but in essence such a decision should flow from whether the aims of the partnership remain consistent with the organisation's strategic aims and priorities and the partnership is effective in delivering its aims. There may also be issues of duplication across partnerships, where amalgamation or development of revised remits should be considered. If it was felt that a partnership was not committed to the principles of equality and diversity, then this would also be an appropriate reason for withdrawal. The reasons will need to be recorded using Part C of the partnership registration form (Appendix 2).

- 3.6.2 If a new partnership is to be established and the organisation takes the decision not to be involved, then the reasons for that decision will need to be recorded by completing Part C of the partnership registration form (Appendix 2), including evidence that the risks of non-involvement have been adequately, considered.

4. Duties and Responsibilities

4.1 Trust Board

The Trust Board has overall responsibility for setting the strategic context in which organisational process documents are developed, and for establishing a scheme of governance for the formal review and approval of such documents.

4.2 Chief Executive

The Chief Executive has overall responsibility for the strategic direction and operational management, including ensuring that Trust process documents comply with all legal, statutory and good practice guidance requirements.

4.3 Company Secretary

The Company Secretary is the sponsoring director for this document and is responsible for ensuring that:

- The document is drafted, approved and disseminated in accordance with the Policy for the Development and Approval of Policies.
- The necessary training or education needs and methods required to implement this policy are identified and resourced or built into the delivery planning process.
- Mechanisms are in place for the regular evaluation of the implementation and effectiveness of this policy.

4.4 Board Members (executive and non executive directors)

There are increasing numbers of local bodies that can impact upon the lives of the population, and board members play an important role in communicating local views to key public and private agencies and in influencing decision making. Board members play a vital role in reflecting the views of NHS CD&D, particularly national and local policy priorities. A board member might well be the only person on a partnership with accountability and thus has to ensure effective and efficient use of public money.

Board members should be aware of this policy and framework and ensure that an appropriate senior manager has been designated to undertake the necessary partnership arrangements.

Board members must remember that, when working for a partnership, they remain members of the Board and are still bound by the associated legal requirements, including the organisation's code of conduct.

Board members working / associated with a partnership continue to be bound by the organisation's policies and procedures, constitution, standing orders, scheme of delegation and reservation and standing financial instructions. They should actively encourage the partnership to follow similar practices and procedures and must immediately report to Chief Executive or relevant Chair when they feel that the

partnership is not acting in a manner acceptable to the organisation or in the public interest.

Directors and Direct Reports

Ensuring this policy is applied to partnership work related to their area of responsibility and any significant risk escalated to Management Executive.

Lead Partnership Manager

Managers who lead a partnership on behalf of NHSCD&D are responsible for:

- Ensuring that the partnership assessment and registration form is completed.
- Ensuring that the appropriate notification form for partnerships under the NHS Act 2006, known as section 75, 256 and 76, is completed and submitted to the Department of Health and updated on an annual basis. This would be undertaken with assistance from colleague in finance.
- Ensuring reporting of partnership activities within NHS CD&D to demonstrate effective use of resources and outcomes.
- Ensuring partnership governance arrangements are reviewed at least annually.

Corporate Business Support Manager

Responsible for this policy, maintenance and updating of any relevant information relating to the document or appendices.

Partnership Task Group

Company Secretary

Director of Financial Services

Locality Director of Public Health

Director of Partnerships and Services

Senior Corporate Governance and Risk Manager

Corporate Business Support Manager

They are responsible for:-

- overseeing the implementation of the policy
- reviewing significant partners
- risk
- board reporting
- reviewing financial arrangements relating to partnerships

Senior Corporate Governance and Risk Manager - Ensuring any partnership risk is incorporated into the corporate risk register and escalate high risks

Corporate Business Support Manager - Provide support to Directors and Direct Reports on application of policy. To review and maintain register

All staff

All staff, including temporary and agency staff, are responsible for:

- Compliance with relevant process documents. **Failure to comply may result in disciplinary action being taken.**
- Co-operating with the development and implementation of policies and procedures and as part of their normal duties and responsibilities.
- Identifying the need for a change in policy or procedure as a result of becoming aware of changes in practice, changes to statutory requirements, revised professional or clinical standards and local/national directives, and advising their line manager accordingly.
- Identifying training needs in respect of policies and procedures and bringing them to the attention of their line manager.
- Attending training / awareness sessions when provided.

5. Implementation

This policy will be available to all Staff, (in particular the staff described on the title page) for use in the circumstances described on the title page.

All directors and managers are responsible for ensuring that relevant staff within their own directorates and departments have read and understood this document and are competent to carry out their duties in accordance with the procedures described.

It may be necessary to develop specific implementation plans.

6. Training Implications

The training required to comply with this policy are:

Awareness training for Board members and officers on partnership working.

7. Documentation

7.1 Other related policy documents.

NHS County Durham (2009) Policy for the Development and Approval of Policies (CO001)

NHS County Durham (2007) Single Equality Scheme

NHS County Durham and NHS Darlington 5 year Strategic Plan (2009-2013)

NHS County Durham, NHS Darlington (2008) Policy for the Reporting and Management of Untoward Incidents and near Misses (CO009)

NHS County Durham (2007) Risk Management Strategy (CO003)

NHS County Durham (2007) Risk Management Policy (CO004)

NHS County Durham (2009) Governance and Assurance Strategy

7.2 Legislation and statutory requirements

Cabinet Office (1998) *Data Protection Act 1998*. London. HMSO.

Cabinet Office (2000) *Freedom of Information Act 2000*. London. HMSO.

Records Management and NHS Code of Practice 2008

7.3 Best practice recommendations

Audit Commission, *A Fruitful Partnership, effective partnership working*, 1998.

Audit Commission, *Governing Partnerships, bridging the accountability gap*, 2005.

7.4 References

CIPFA report, Sterling Work, 2001

8. Monitoring, Review and Archiving

Monitoring

Company Secretary as sponsor director, will agree with the policy manager a method for monitoring the dissemination and implementation of this policy. Monitoring information will be recorded in the policy database.

Review

The sponsoring director will ensure that each policy document is reviewed in accordance with the timescale specified at the time of approval. **No policy or procedure will remain operational for a period exceeding three years without a review taking place.**

Staff who become aware of changes in practice, changes to statutory requirements, revised professional or clinical standards and local/national directives that affect, or could potentially affect policy documents, should advise the sponsoring director as soon as possible, via line management arrangements. The sponsoring director will then consider the need to review the policy or procedure outside of the agreed timescale for revision.

If the review results in changes to the document, then the initiator should inform the policy manager who will renew the approval and re-issue under the next "version" number. If, however, the review confirms that no changes are required, the title page should be renewed indicating the date of the review and date for the next review and the title page only should be re-issued.

For ease of reference for reviewers or approval bodies, changes should be noted on the "Document history" table on page 2 of this document.

NB: If the review consists of a change to an appendix or procedure document, approval may be given by the sponsor director and a revised document may be issued. Review to the main body of the policy must always follow the original approval process.

Archiving

The Policy Manager will ensure that archived copies of superseded policy documents are retained in accordance with Records Management: NHS Code of Practice 2006.

9. Audit/Impact Assessment Statements

EQUALITY IMPACT ASSESSMENT FORM

Please refer to the corporate checklist for further information.

Name of function/strategy/policy/service: Policy and Framework for Partnership Governance

Date of Review: 6 November 2009

a) Please provide a brief description of the function/strategy/policy/service:

The increasing development of partnership based approaches to delivery of care together with the comprehensive area assessment requirements place further emphasis on the necessity for strong governance and performance management in partnership working arrangements. In this respect, there needs to be a clear approach to ensure and demonstrate that investment in partnerships delivers effective and appropriate outcomes for the local population.

The review and evaluation of partnership working needs to be built into regular management arrangements so that there is ongoing consideration of their effectiveness, both by individual participants and by managers at appropriate levels. This policy and framework has been developed in order to ensure that there is a consistent approach, and to provide assistance in managing the task.

b) What Type of positive and negative equality & diversity implications are you aware of that arise from your function/strategy/policy/service?

- Positive approach to partnership assessment
- Positive formalisation of the partnership process
- Review of existing partnerships
- Transparency of Significant Partnerships, Joint Committee and Committee Register

c) In line with our statutory duty under equality legislation do your functions/strategies/policies/services make reference to equality wherever relevant?

- If yes - provide examples of how they aim to
- If no – what action is required:

In line with the Race Equality Duty to eliminate discrimination, harassment, promoting equality of opportunity and good relations between people of different racial groups	NHS CD&D aspire to the highest standards of corporate behaviour and clinical competence, to ensure that safe, fair and equitable procedures are applied to all organisational transactions, including relationships with patients their carers, public, staff, stakeholders and the use of public resources. In order to provide clear and consistent guidance, NHS CD&D will develop documents to fulfil all statutory, organisational and best practice requirements and support the principles of equal opportunity for all.
In line with the Disability Equality Duty to promote positive attitudes towards disabled persons and encourage participation by disabled people	Applied equally to all employees
In line with the Gender Equality Duty to eliminate unlawful discrimination and harassment & promote equality of opportunity between men and women	Applied equally to all employees
Other relevant equality legislation/best practice?	

OUTCOMES OF THIS NEED TO BE INCLUDED IN THE ACTION PLAN

- d) What relevant groups have a legitimate interest in the function/strategy/policy/service?
Does it impact differently on particular minority groups?
If Yes – Which Groups are affected, and how are they affected?**

Group	Impact
All potential partnerships	All groups will be affected in the same way following an agreed, defined process.

- e) Please outline below any work you have carried out to assess, monitor, address and review the equality implications of your function/strategy/policy/service and identify additional work that needs to be carried out to meet requirements of our statutory duties.**

Area of Work	Work already carried out / Measures in Place	<u>Work Required</u>	Timescales
Consultation	Assistant Director of Knowledge Management & Governance Executive Director of Public Health Director of Public Health Director of Financial Services Director of Partnerships and Services	Management Executive to approve amendments	
Monitoring & Target Setting		Review November 2010	November 2010
Access to Information/Services		Available to staff via the Intranet and hard copy of policy. Signpost access to services and support.	Following approval
Marketing & promotion		All staff informed of approval and publication of the policy.	Following approval
Training/Briefing staff Employment Issues		N/A	
Review and Evaluation		Review November 2010	November 2010

WHERE APPROPRIATE, ACTIONS AND TARGETS DESCRIBED HERE SHOULD BE EVIDENT IN SERVICE AREA PLANS

Appendix 1

PARTNERSHIP SIGNIFICANCE ASSESSMENT SCORECARD

Partnership Name:

Please enter the score in the last column which most closely represents your partnership. Answer all applicable questions using scores 1, 2, 3, 4 or 5

This table assesses the significance of your partnership/partnership you are proposing.

Impact No	Description	Insignificant (Score "1")	Minor Significance (Score "2")	Moderate Significance (Score "3")	Major Significance (Score "4")	Highly Significant (Score "5")	Score
1	Partnership costs: the organisation directly contributes money to the partnership, contributes resources (staff time/work done), or money is directed through the organisation's accounts.	<£50k per annum	£50k - £75k per annum	£75k - £100k per annum	£100k - £500k per annum	>£500k per annum	
2	Relationship to the Corporate Priorities: to what extent is the partnership's success critical to the achievement of a corporate priority?	Not linked to any directorate, departmental or corporate priorities	Indirect links to successful achievement of a corporate priority	Moderate contribution to successful achievement of a corporate priority	Significant contribution to the successful achievement of a corporate priority	Essential to successful achievement of 1+ corporate priority	
3	What are the consequences for the organisation of failures within the partnership?	Insignificant consequences - no disruption to services or financial liability for the organisation	Minor consequences - little disruption to service delivery, with no long term or permanent impact on key services. Financial liability <£75k	Moderate consequences some disruption to service delivery, needing an action plan to remedy. Financial liability <£100k	Major Significance - key service delivery adversely affected, requiring management group to approve remedial action. Financial liability <£500k	Highly Significant - key services cannot be delivered, requiring board approved emergency action. Financial liability >£500k	
4	The partnership takes decisions on behalf of or which are binding on the organisation.	The partnership does not take decisions on behalf of the organisation	The partnership does not take decisions on behalf of the organisation but organisation representatives feed back/ lobby the organisation	The partnership does not take decisions on behalf of the organisation but organisation representatives with decision making authority attend the partnership and consider and influence its recommendations	The partnership does not take decisions on behalf of the organisation but representatives with decision making authority attend the partnership and agree to be bound by its decisions	The partnership has decision making responsibilities directly delegated to it from the board	
5	Statutory or Regulatory Context: is the organisation required to set up or take an active part in the partnership by law or is the organisation required to set up the partnership in order to receive additional funding/ meet a requirement of the assessment regime/ statutory guidance.	Not required by law or for funding	Indirect links to successful achievement of funding or achievement in UOR, WCC or CAA	Limited links to successful achievement of funding or achievement in UOR, WCC or CAA	Direct links to successful achievement of funding or achievement in UOR, WCC or CAA	The organisation is required to participate in the partnership by law or to receive specific funding	
6	Risk: the partnership contributes to the management of risks identified on corporate or departmental risk registers	The partnership does not contribute to the management of high priority risks identified on corporate or departmental risk registers	The partnership indirectly contributes to the management of high priority risks identified on a departmental risk register	The partnership directly contributes to the management of high priority risks identified on a departmental risk register	The partnership indirectly contributes to the management of a high priority corporate risk	The partnership directly contributes to the management of a high priority corporate risk	
TOTAL:							0
HIGHEST POSSIBLE SCORE							30
IMPACT SCORE ("Total" divided by "Highest possible score" x 100)							0%

The matrix below uses the Significance Score to categorise your partnership.

Suggested Rigour Required	Assessed Impact	Limited Significance (0 - 50%)	Major Significance (>50%)
		The partnership's details need to be entered on the Partnership Register	Mandatory
Ensure application of all key aspects of partnerships governance framework		Non essential	Mandatory



Microsoft Excel Worksheet

Partnership Registration Form

The Significant Partnerships, Joint Committee and Committee Register is a centralised record of partnerships, in which NHS CD&D participates to a significant extent and which fit the **definition of partnerships**, which the organisation has adopted.

The responsible lead partnership manager should complete the registration form whenever the organisation agrees to become involved in a new partnership arrangement or whenever a review of an existing partnership has been carried out using the **self-assessment tool and guidance**. For a new partnership it may not be possible to complete all sections of the form, but a review date (within 12 months) should be shown for a full assessment to be carried out.

The relevant section should be completed when a decision has been taken to **exit an existing partnership** or **not to become involved with a new or existing partnership**.

For further help and information, please contact the governance team on 0191 3744111.

Part A:

Complete this section for new and existing partnerships, in which the organisation participates or intends to participate.

1. Name of Partnership	
2. Date established	
3. End date (if known)	
4. Lead Director or manager for PCT	
5. To which of the strategic aims does the partnership contribute? (see Appendix 4 of guidance for more detail.) For all that apply please rate from 1 to 5, where 1 shows the most significant contribution.	
A. Improving health*	
B. Reduce health inequalities*	
C. Increase access to safe patient centred services	
D. Ensure value for money in commissioning services	

* please also refer to the top 10 health outcomes in appendix 4

6. What resource input does NHS CD&D contribute to the partnership?	
Financial	
Estimated staff time (WTE)	
Other, e.g. use of premises	
7. Which organisation is the accountable body?	
8. Which organisation is lead partner? (if applicable)	

9. Who is the lead officer contact?	
10. Please list any non executive director representatives	
11. What type of Partnership is it? (see Definitions for guidance)	
12.. Next review date	
13.. Form completed by	
14.. Date completed	
15.. Approved by direct report	

Part B

Complete this section for new and existing **significant** partnerships, in which the organisation participates or intends to participate.

16. Governance arrangements		
Serving the local public and patients (see section 2.4 of the Self Assessment Guidance)		
Performance management and data quality (see section 2.5 of the Self Assessment Guidance)		
Financial management (see section 2.6 of the Self Assessment Guidance NHS Act 2006 requirements)		
Monitoring arrangements and reporting into the PCT Management Executive (see section 2.7 of the Self Assessment Guidance)		
17. (Significant partnerships only) risk assessment: please list below any areas scoring 8-12 and indicate the actions that will be taken to address these (include timescales)		
Areas scoring 8-12 Please show score in brackets	Actions to address	Target date
Areas scoring 15-25 should be reported to Management Executive		
18.. Next review date		
19.. Form completed by		
20.. Date completed		
21.. Approved by direct report		

Completed forms should be e-mailed nhepple@nhs.net.

Part C: complete this pro-forma when a decision has been taken to **exit an existing partnership** or **not to become involved with a new or existing partnership**. Annex 2 of the guidance will help inform such decisions.

Name of partnership	
Key purpose/objectives.	
Is this a new partnership?	Yes/No
Is this an existing partnership?	Yes/No
Has a risk assessment been carried on in relation to the organisation's exiting/non – participation in the partnership?	
Key reasons for withdrawal/non – participation.	
Within the NHS CD&D, who has been consulted on the decision? (refer to Annex 2 of the Guidance)	
Form completed by	
Date completed	

Completed forms should be e-mailed nhepple@nhs.net.

Self Assessment Guidance

Working through the self-assessment will help you to quickly identify areas of concern about the effectiveness and governance of the partnership, which may bring a level of risk to the organisation if not addressed. Completion of Sections 2.1 to 2.8 should help you to be aware of relevant issues, when you come to look at the risk assessment element at Section 2.9.

2.1 Why is this partnership needed?

- a) Are there clear and achievable aims and objectives?
- b) How do these contribute to the organisation's strategic aims, 10 health outcomes or directorate objectives? See Appendix 4
- c) What is the rationale/expected added value of working in partnership, e.g. better co-ordinated service delivery across agencies, improved outcomes on crosscutting issues, accessing resources, meeting a statutory requirement.

2.2 The need for a new partnership arrangement should be tested to ensure that:

1. The proposed remit of the partnership is not already being carried out elsewhere;
2. The proposed objectives fit with the organisation's strategic aims;
3. A partnership arrangement is the most effective way to achieve desired outcomes and will achieve added value.

In relation to point 3, the Audit Commission offer the following guidance:

Questions to ask before setting up a partnership

- Is the problem that the prospective partners want to solve one that needs a partnership approach?
- Do the prospective partners have a clear and shared vision of the benefits that the partnership is intended to achieve?
- Is this vision realistic in the light of:
 - the resources and opportunities likely to be open to the proposed partnership?
 - the issues that partnership working is particularly suited to address?
- Will the anticipated benefits outweigh the likely costs (direct and indirect) of a partnership?
- Will the benefits and costs be measured?
- Could the benefits be achieved in a simpler or more cost-effective way?
- Are the partners all willing to devote the necessary time and effort to make the partnership a success?
- Do the partners all know what role they will play, what resources they will contribute and how they will account for the success of the project?
- Are the partners willing to consider changing their other activities to fit in with the partnership's objectives, where this is appropriate?

Factors indicating that a partnership is not the best approach

- The answer to one or more of the questions above is 'no';
- The topic proposed is primarily the responsibility of one agency with others having only a marginal interest or role;
- Agencies have no shared objective in relation to this topic;
- Agencies' main aim is to achieve cost savings;
- Agencies have a history of poor relationships and have not made a commitment to change this; and
- Agencies want to shunt costs or blame for problems onto one another – that is, there is a hidden negative agenda.

Exiting a Partnership

There may be a number of reasons why the organisation would consider leaving an existing partnership, but in essence such a decision should flow from whether the aims of the partnership remain consistent with the organisation's strategic aims and priorities and the partnership is effective in delivering its aims. There may also be issues of duplication across partnerships, where amalgamation or development of revised remits should be considered. If it was felt that a partnership was not committed to the principles of equality and diversity, then this would also be an appropriate reason for withdrawal. The risk assessment matrix (Section 2.9, Table D) of the self-assessment tool should be used to help identify the impact of withdrawal so that any implications can be addressed.

If withdrawal is a likely option:

- The organisations strategic aims and priorities (see Annex 1) would be the main point of reference in the rationale for withdrawal;
- Consider whether there any legal, financial, service delivery or reputational implications for the organisation;
- Consider the impact of disengagement on other partners;
- Consult with the board and management group members;
- Discuss and agree the decision with the relevant director for formal signature;
- Amend the Significant Partnerships, Joint Committee and Committee Register to show the date of withdrawal and reasons.

2.3 Governance arrangements

i. For the partnership itself.

The Audit Commission define corporate governance as 'the framework of accountability to users, stakeholders and the wider community, within which organisations take decisions, and lead and control their functions, to achieve their objectives.' The following questions should help clarify whether adequate governance arrangements are in place.

- a) Who leads the partnership?
- b) Does the partnership have any legal status e.g. is it a charity, limited or public company or a statutory partnership?
- c) If it does not have legal status, is there a constitution, formal written agreement or other formal document which sets out:
 - How decisions are made?
 - How they are recorded?
 - Who makes sure they are acted upon?
 - Who scrutinises them?
 - To whom are they reported?

- How conflicts between partners are resolved?
- Where applicable, a complaints handling protocol in line with the NHS complaints handling regulations

There must be a formal partnership agreement in place for any 'significant' partnership, in which the organisation participates. This could take the form of terms of reference, a memorandum of understanding, partnership agreement, constitution, etc. Such an agreement should cover the issues detailed above as a minimum and be formally signed off by NHS CD&D by a director, or the board, depending to delegated limits. If this is not the case the organisation's representative on the partnership should raise the issue with partners and negotiate the development of an appropriate agreement.

Areas to consider for inclusion for formal partnership agreement or terms of reference are:

- applying standing orders and standing financial instructions
- the provision of internal audit
- HR support and legal advice
- ensuring data quality in partnership data
- financial monitoring
- access to data and information by partners

ii. Links to the NHS CD&D's governance arrangements

Where partnerships are not corporate entities in their own right, their governance arrangements are unlikely to be as robust as those of individual partners. It is important therefore that participating organisations link their own governance processes to those of the partnership. The following questions will help assess whether these links are adequate for the organisation's involvement in the partnership in question. It may be helpful to refer to the standing orders, scheme of delegation and reservation and standing financial instructions and to bear in mind the following points:

- Non executive directors should not be expected to make commitments on behalf of the organisation unless this is undertaken within the context of board meetings – directors and direct reports should carry out this role;
 - Directors and direct reports have the authority to make such commitments, within limits set by the scheme of delegation and reservation, standing financial instructions and in accordance with standing orders. They may also delegate this authority to other managers;
 - Key decisions need to be reported back to the organisation at the appropriate level – this may be to the relevant directorate, management group and/or board or audit committee.
- a) Does the organisation's involvement in the partnership need board approval?
 - b) Does the organisation's representative on the partnership have the authority to make commitments on the organisation's behalf?
 - c) What are the limits to that authority?
 - d) Are there arrangements in place to report back to the organisation on the decisions of the partnership, which impact on the organisation, or to scrutinise them?
 - e) Is there a written commitment or other evidence of the partnership's

commitment to the principles of equality and diversity in relation to its work and behaviours.

2.4 Serving the local public and patients

- a) Is there a 2 way communications process between the public, patients and the partnership.
 - Is there a newsletter, or section on the organisation's website explaining what the partnership does and reporting progress. Is there a feedback system for the public or patients to comment? Are papers publicly available? Are meetings open to the public or patients? Can members of the public or patients ask questions or raise agenda items at meetings?
- a) How can the public and service users obtain redress if things go wrong?
- b) Is there a complaints and suggestions process the public can use?

2.5 Performance management and data quality

- i. For the partnership as a whole
 - a) How do you know which partnership targets are being met and which are not?
 - b) The partnership may have a specific performance management framework – you need to know if this is the case and how data can be accessed. If not you need to ask the following questions:
 - Are there agreed performance measures in place to track achievement against partnership objectives?
 - Are challenging targets set year on year?
 - Who manages and reports progress?
 - Is performance monitored on a regular basis?
 - Is there a process in place to assess the quality of data used in performance reporting?
- ii. For the organisation's involvement in the partnership
 - a) Are there performance measures in place for the organisations own monitoring of its involvement with the partnership and how are these reported?
In other words, are there ways of knowing if the organisation's involvement is effective in terms of delivering on outcomes it is responsible for and contributing to shared outcomes.

2.6 Financial management

- a) Which organisation is the accountable body?
- b) Are there financial monitoring and reporting systems in place and who manages them?
- c) What resources does the organisation contribute to the partnership, including estimated management time time?
- d) Are total resources available to the partnership (including contributions made by other partners as well as the PCT), as well as utilisation of those resources, monitored and reported on.
- e) Is there any means to evidence that the organisation's strategic aims and priorities are being met in a cost effective way through the partnership?

NB A notification form for certain partnership arrangements under the NHS Act 2006 known as section 75, 256 and 76 need to be completed and reported to the Department of Health and updated on an annual basis. The lead manager responsible for the partnership should ensure that this requirement is met, if required. Further guidance is available from the following link and colleagues in finance.

<http://www.dh.gov.uk/en/Healthcare/IntegratedCare/Healthact1999partnershiparrangements/index.htm>

CIPFA report, Sterling Work, 2001 suggests the following questions may assist with value for money analysis of partnership working, while recognising that this can be difficult to assess and quantify.

- a) Is there any objective reporting by the partnership of costs compared to tangible outputs achieved? Is there any comparative information from similar partnerships?
- b) Has there been any objective exercise carried out with respect to the overall 'health' of the partnership?
- c) Is there evidence that the partnership has achieved benefits in either delivery or policy focus that would not have come about without synergy and co-operation of the agencies involved?
- d) Is there evidence that partners' objectives, priorities etc have been positively influenced by the partnership.
- d) Are there financial monitoring and reporting systems in place within the organisation in relation to the partnership?
Involvement needs to be conducted in accordance with financial regulations as set out in the scheme of delegation and standing financial instructions
- e) Are there any insurance requirements?
- f) Has the need for internal or external audit arrangements been considered?

2.7 Monitoring arrangements

- a) What arrangements are in place to periodically review the partnership governance arrangements?
- b) How will the outcome of monitoring activity be reported.

2.8 Termination arrangements

- a) What arrangements are in place, should the partnership come to an end?
- b) Are there financial, legal, service delivery or reputational implications for the organisation?
- c) Is it clear how resources or liabilities will be allocated back to partners?
- d) If, as a result of carrying out this assessment a view arises that the organisation should consider withdrawing from the partnership then the process detailed at Annex 2 should be applied.

2.9 Risk management

It is important to have some means of assessing when things may be going wrong in a partnership arrangement, especially when this may bring a level of risk to the organisation. The matrix below sets out a scoring system to help you identify levels of risk across a range of criteria. The self-assessment process should have helped you identify potential risk areas, for example, if governance or performance

management arrangements are unclear or underdeveloped then this might lead to difficulties for the partnership, which could also adversely affect the organisation.

If the level of risk exceeds 12 for any of the risk assessment criteria, then you will need to identify and implement actions to control and reduce the risk. Details of such actions need to be included on the Significant Partnerships, Joint Committee and Committee Register. Further guidance on the risk assessment process and suggested ways of reducing and providing assurance on risk are detailed below.

Progress on implementing actions detailed in the action plan should be reported to management group, on a quarterly basis.

The growth in partnership working means that organisations face increased financial, legal and reputational risk if problems arise, with the Audit Commission highlighting some cases which have resulted in a significant loss of public funds or reputation when things have gone wrong. Therefore, it is essential to determine the risks to the organisation of participating in existing partnerships or entering a new partnership (and conversely not entering it), and whether it should require additional governance arrangements. This will provide benefits not only for the organisation, but also for the partners, as it will increase the probability that the partnership will be successful in delivering its objectives, both by proactively addressing identified risks, and by supporting decision-making processes, which can be less clear in partnerships than in corporate bodies.

Process of Assessing Risk

The following is a process for risk assessing partnerships. Do not spend too much time on the assessment – it is merely to establish a quick indicator on whether there are any major risks associated with the partnership.

Step 1 risk identification

The aim in this step is to consider the purpose and scope of the existing or new partnership to identify potential risk. Table A below is intended to provide guidance on the potential risk related to partnership work.

The corporate risk register template should be used to record the output of the risk assessment. It is not mandatory to include any of these in your risk assessment if they are not appropriate, as they are for guidance only.

Step 2 risk analysis

Where risk has been identified, document what potential impact the individual risk may have on the organisation. With regard to financial impact, this assessment is focused on the financial impact on NHS CD&D, not the partnership as a whole (unless they are the same). The organisation uses a 5 X 5 matrix to assess risk which is shown in tables B and D below. The risk register template can be used to record the impact and likelihood of each risk identified. The overall risk rating is calculated by multiplying the impact and likelihood scores. At this stage, the risk score should take existing measures in place into consideration and added in to the appropriate section on the risk register template along with any performance indicators to assess their effectiveness.

Step 3 Additional measures to reduce

Table E provides guidance on the acceptability of risk and the escalation and reporting up the organisation. Consideration should be given to identifying any additional actions to reduce the impact or likelihood of risk if the overall risk score is above 4. Additional actions should focus on any risk in high or extreme category, e.g. red or amber risk and recorded in the appropriate section on the risk register. This will ensure that effort is focussed on reducing or controlling any significant risk related to the partnership. The risk can then be re-assessed to determine the level of residual risk taking into account any addition measures that have been put in place

Table A Example partnership risk

Area	Potential risk
<i>Service delivery</i>	Resistance to change from staff within the organisation and other partners
Service delivery	Impact on organisation achieving its strategic aims and directors objectives , and impact on maintaining or improving organisation's performance
Inspection and regulation	Impact on use or resources, comprehensive area assessment, annual health check or Care Quality Commission requirement, etc. Impact on achieving equality and diversity standard.
Financial, and value for money	The actual expenditure of the partnership may exceed the agreed budget
Financial and value for money	Organisation's liability to meet potential additional expenditure
Financial and value for money	Failure to maximise opportunities to achieve value-for-money
Partnership management	Impact on the organisation if it exits the partnership prematurely
Partnership management	Impact on the organisation if a partner exits the partnership prematurely
Opportunities	Failure of the partnership to deliver a return on investment
Opportunities	Partnership fails to achieve its key objectives, and/ or deliver improved service
<i>Partnership management</i>	Lack of clarity on who can take decisions
Statutory and legislative	Breach of legislation

Table B risk impact/consequence categories

Impact/ consequence	Strategic aim/objective /milestone/ target	Quality, safety, patient experience	Finance/asse ts/ investment	Reputation/adverse publicity	Legal/ Litigation	Injury/ill Health
1. Negligible	Some slippage, no impact on delivery	Peripheral element of treatment or service sub-optimal Informal complaint/inquiry	<£5K	Within department Public perception remains intact. Local press <1 day coverage.	Minor out-of-court settlement or Ex-gratia payment	Minor not requiring first aid
2. Minor	Minor impact on delivery but manageable within resources allocated	Overall treatment or service sub-optimal Single failure to meet specification Minor implications for patient safety if unresolved	£5K- £50K	Local media coverage – short-term reduction in public confidence Elements of public expectation not being	Civil action – defence likely. Improvement notice.	Minor injury, first aid treatment < 3 days absence
3. Moderate	Impact on delivery, manageable but additional resources required	Repeated failure to meet service standards or specification or outcomes	£50K – £1M	Local media coverage – long-term reduction in public confidence Strategic Health Authority intervention.	Civil action defence unlikely. Criminal prosecution Prohibition notice.	> 3days absence Injuries or disease reportable to the HSE
4. Major	Impact on delivery of objective or goal not met. Impact on core standards, vital signs, WCC assessment	Failure to meet National targets, standards or clinical standards linked to NHS policy. Unacceptable impact on patient care. Breach of duty	£1M £10M	National media coverage with <3 days service below reasonable public expectation	Judicial review Criminal prosecution – no defence. Executive officer fined or imprisoned	Fatality or unexpected death Permanent disability Multiple injuries
5. Catastrophic	Significant slippage and impact on meeting strategic aim	Gross failure to meet professional, internal or national standards	>£10M	National media coverage with >3 days service well below reasonable public expectation. MP concerned (questions in the House)	Class civil action.	Multiple fatalities

Table C Likelihood descriptors

1. Rare	Very low, may occur only in exceptional circumstances, (<0.1%).
2. Unlikely	Could occur within the NHS and the organisation at sometime, 0.1-1%).
3. Possible	Has occurred within the NHS and/or the organisation within the last 1-5 years, (1-10%).
4. Likely	Will probably occur in most circumstances and especially within the health sector, (10 – 50%).
5. Almost certain	Is expected to occur this year or at frequent intervals, (>50%).

Table D Risk assessment matrix

Likelihood	Impact/consequence				
	Negligible 1	Minor 2	Moderate 3	Major 4	Catastrophic 5
1 Rare	1	2	3	4	5
2 Unlikely	2	4	6	8	10
3 Possible	3	6	9	12	15
4 Likely	4	8	12	16	20
5 Almost certain	5	10	15	20	25

Table E. Level of risk, escalation and reporting

Level of Risk	Descriptor	Description
1-3	Low	A risk that is accepted and managed by normal systems and processes that are well established and observed. May occur in exceptional circumstances.
4-6	Medium risk	Management responsibility and control is required maintain controls. This should be specified and detail the actions, process or procedure that are in existence to manage the risk at this level
8-12	High risk	Reasonable chance of occurring. Senior management action required. May indicate a potential failure to meet a corporate objective, strategic plan, statutory duty, performance target, compliance with standards or policy. Additional action may need to be devised to manage the risk such as a 'stop the line' and rapid improvement review. Risk is to be reported to the appropriate directorate management team.
15-25	Extreme	Risk not tolerated or accepted by the organisation. Urgent focused action required to manage or reduce risk. A 'stop the line' and rapid improvement review would be required to reduce exposure to risk. The risk would be escalated to the relevant director and reported to management group through the corporate risk register exception report. The Assistant Director of Knowledge Management and Governance would need to be informed. Management group will monitor progress on a two weekly basis. The chief executive would draw the risk to the attention of the board.

NHS County Durham and Darlington Strategic Priorities

Four Strategic Aims

1. Improve health
2. Reduce health inequalities
3. Increase access to safe patient centred services
4. Ensure value for money in commissioning services

Top 10 Health Outcomes

1. Reducing health inequalities
2. Increasing life expectancy
3. Increase the percentage of infants breast fed at 6-8 weeks following births
4. Reduce the under 18 conception rate
5. Increase the number of smoking quitters with a focus upon smoking during pregnancy
6. Reduce the suicide rate
7. Reduce the rate of alcohol admissions
8. Reduce cancer mortality rate
9. Reduce cardiovascular disease mortality rate
10. Improve the quality of experience for end of life care.

World class commissioning competencies

- Locally lead the NHS
- Work with community partners
- Engage with the public and patients
- Collaborate with clinicians to inform strategy, service design and resource utilisation
- Manage knowledge and assess current and future needs
- Identify and prioritise investment requirements and opportunities
- Stimulate the market to meet demand and secure outcomes
- Promote improvement and innovation
- Secure procurement skills and ensure providers have appropriate contracts
- Manage the local health system
- Make sound financial decisions

**NHS County Durham & Darlington Significant Partnerships, Joint Committee & Committee Register
2009/10**

Partnership	Chaired/Led by	Key members	Role and remit	Financial Involvement/ Commitment	PCT Lead
County Durham Partnership (Local Strategic Partnership)	Durham County Council	NHS County Durham Durham County Council Durham Constabulary Durham and Darlington Fire and Rescue Service Durham University Voluntary Sector	Oversee the development and delivery of the Sustainable Community Strategy Local Area Agreement and Comprehensive area assessment.	Funding sits within health and wellbeing partnership	Yasmin Chaudhry – Vice Chair Anna Lynch
Health and wellbeing partnership	NHS County Durham	County Durham DAAT Tees, Esk and Wear Valley NHS Trust Adult & Community Services, Voluntary & Community Sector Representative County Durham PCT Non Executive Director Anna Lynch (Chair), County Durham Primary Care Trust Department of work and pensions County Durham LINK Cllr Mrs Eunice Huntingdon, Durham County Council Durham County Council Links	Oversee health improvement elements of the Local Area Agreement and Sustainable Community Strategy. Ensures performance management of priorities.	£850k non-recurring 2008/0 £1,900k non-recurring 2009/10 £5,000k non-recurring	Anna Lynch
County Durham DAAT Board		Not integrated with Safe Durham Partnership		£10,249k plus £1,409 IDTS funding	Anna Lynch/Daren Archer
Darlington DAAT Board	Darlington Borough Council	NHS County Durham Darlington Borough Council		£1,733k	Miriam Davidson

Partnership	Chaired/Led by	Key members	Role and remit	Financial Involvement/ Commitment	PCT Lead
Mental Health Joint Commissioning Group	NHS County Durham	NHS County Durham Durham County Council (Adult Service)	Development and delivery of joint commissioning strategy	MH S23 budget = £2,212k MH packages of care budget (non CHC) = £2,674k Significant contracts with TEWV & NTW, however, as contract is block, not able to identify amounts	Nigel Nicholson
Mental Health Joint Commissioning Group	NHS Darlington	NHS Darlington Darlington Borough Council (Adult Services)	Development and delivery of joint commissioning strategy	Section 23 MH budget = £433k. Significant contracts with TEWV, however, as contract is block, not able to identify amounts	Nigel Nicholson
Learning Disability Joint Commissioning Group	Durham County Council	NHS County Durham Durham County Council (Adult Service)	Development and delivery of joint commissioning strategy	Commitment to secure future funding via AOP to address service gaps identified within the strategy Section 23 LD Budget = £662k Significant contract with TEWV, however, as block contract not able to identify amounts	Les Grey

Partnership	Chaired/Led by	Key members	Role and remit	Financial Involvement/ Commitment	PCT Lead
Learning Disability and Commissioning Group	Darlington Borough Council	NHS County Durham Darlington Borough Council	Development and delivery of joint commissioning strategy	Section 23 LD Budget = £20k Significant contract with TEWV, however, as block contract not able to identify amounts	Les Grey
Older Person's Joint Commissioning Group	NHS County Durham	NHS County Durham Durham County Council (Adult Service)	Development and delivery of joint commissioning strategy	Part of main contracts – not yet identified	Cath Scott// Debra Hartley
Children with a Disability Joint Commissioning Group	NHS County Durham	NHS County Durham Durham County Council (Education and Children's Services)	Development and delivery of joint commissioning strategy	Part of main contracts – not yet identified	Anthony Prudhoe
Child & Adolescent Commissioning Group	Durham County Council	NHS County Durham Durham County Council Darlington Borough Council	Development and delivery of joint commissioning strategy	£2,749k	Anthony Prudhoe
Every Child Matters Joint Commissioning Unit	Durham County Council	NHS County Durham Durham County Council Local Children's Board reps	Development and delivery of joint commissioning strategy		Anthony Prudhoe
Learning Disability Partnership Board	Durham County Council	NHS County Durham Durham County Council Other stakeholders	Oversees all areas of learning disabilities	None	Les Grey
Older People's Partnership Board	Durham County Council	NHS County Durham Durham County Council Other stakeholders	Oversees all areas of older people		Cath Scott// Debra Hartley
Children's Executive Board	Durham County Council	NHS County Durham Durham County Council Other stakeholders	Oversees all areas of Every Child Matters Plan		Anthony Prudhoe

Partnership	Chaired/Led by	Key members	Role and remit	Financial Involvement/ Commitment	PCT Lead
Co Durham and Darlington Transport for Health Partnership	NHS Co Durham	DCC DBC NHS Co Durham CDDFT NEAS TEWV NHS FT Lay members	Develop an integrated transport plan to improve access to health in CO Durham and Darlington	Funding for transport solution Budget £147k County Durham Budget £8k Darlington	David Gallaghe Tim Wright Tim Wright
Darlington Learning Disability Partnership Board	Darlington Borough Council	DBC NHS Darlington TEWV Other Stakeholders including Carers	Oversees all areas of learning disability	None	Les Grey
County Durham Carers Strategy Implementation Group	Durham County Council	DCC NHS County Durham Durham locality Carer Centre Managers Other stakeholders	To be responsible for the implementation of the Joint Commissioning Strategy for Carers	Joint funding of locality carer centres Budget £549k for County Durham	Les Grey
Darlington Carers Centre	Darlington Borough Council	DBC NHS Darlington Carer Representatives Other Stakeholders	Oversees all areas of carer services	Joint funding of Darlington Carer Service No Budget	Les Grey
Northumberland, Tyne & Wear Strategic Forum	North East Mental Health & Learning Disabilities Commissioning Unit (NEMHLDCU)	NEMHLDCU Northumberland, Tyne & Wear NHS Trust		£225,844k including FNU adjustment	Brian Key
Tees, Esk & Wear Valley Strategic Forum	NEMHLDCU	NEMHLDCU Tees, Esk & Wear Valley NHS FT		£88,068k excluding Tees PCO	Brian Key

Partnership	Chaired/Led by	Key members	Role and remit	Financial Involvement/ Commitment	PCT Lead
North East IAPT Implementation Board	NHS North East	NEMHLDCU NHS North East Northumberland, Tyne & Wear NHS Trust NHS Tees Local Authority Job Centre Plus		£6,049k	Brian Key
North East Mental Health & Learning Disability Commissioning Group	NHS County Durham (Yasmin Chaudhry)	NEMHLDCU NHS County Durham NHS North of Tyne NHS South of Tyne & Wear NHS Darlington		£727k excluding Tees PCO	Brian key
North East Specialised Services Commissioning Group (NESCG)	NORSCORE	NEMHLDCU NHS County Durham NHS North of Tyne NHS South of Tyne & Wear NHS Tees NHS North East		£48,080k	Brian Key
Regional Personality Disorder Steering Group	NEMHLDCU & NEMHDU	NEMHLDCU NEMHDU NTW TEWV MHDU Voluntary Sectors Service Users-Carers Local Authority Criminal Justice	To develop a five year strategy and workplan across the region and across the six tiers of provision – from primary care & non mh specialist services up to prison & all in between. Covers all ages.	£3,566k	Brian Key
North East Offender Health Commissioning Unit	North East Offender Health Regional Commissioning Board	NHS County Durham Stockton-on-Tees Teaching PCT NHS North of Tyne North East Offender Management Service HMPS	Oversee all areas of Offender Health and make collective decisions on commissioning	£262k	Brian Key

Partnership	Chaired/Led by	Key members	Role and remit	Financial Involvement/ Commitment	PCT Lead
County Durham and Darlington Local Health Community National Programme for IT Programme Board	NHS Co Durham	NHS Co Durham NHS Darlington CDDFT TEWV NHS FT Durham County Council Darlington Borough Council North East SHA	Develop and deliver the local informatics plan for the County Durham and Darlington local health community, including NPfIT	Recurring budget of £2.8 million	Pat Keane
Durham Local Safeguarding Children Board	Assistant Director of Childrens Services, Durham	NHS Co Durham NHS Darlington TEVW DCC (Children's Services + Adult Services) Probation CAFCASS Durham Constabulary Voluntary Sector representative Rep from Durham Diocese	Strategic overview of the Safeguarding of Children	?£112,000 £100k in section 28a	Hilton Dixon/ Diane Richardson
Darlington Safeguarding Children Board	Assistant Director of Childrens Services, Darlington	NHS Co Durham NHS Darlington TEVW Darlington Local authority (Children's Services + Adult Services) Probation Durham Constabulary Voluntary Sector representative Schools rep CAFCASS	Strategic overview of the safeguarding of children	£23k – PH budget for LSCB	Lucy Wheatley/Diane Richardson