
Report To: Health & Social Care Committee **Date:** 26 August, 2010

Report By: Robert Murphy
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Inverclyde Community Health & Care Partnership **Report No:** SW/35/10/RM/AM

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Subject: Establishment of the Inverclyde Community Health and Care Partnership (ICHCP)

1.0 PURPOSE

- 1.1 The purpose of this report is to outline for Committee the proposed Scheme of Establishment (SoE) for the implementation of the ICHCP, which puts in place the governance arrangements between the Council and NHS Greater Glasgow & Clyde Health Board, and thereafter to seek approval for the implementation of the SoE and therefore the establishment of the enhanced partnership.

2.0 SUMMARY

- 2.1 Both the Council and the Health Board have been involved in the development of the CHCP following Council approval of the Corporate Management Structure presented to the Council on 19 November 2009. This established the principle of developing an enhanced partnership agreement for the joint delivery of both primary health care and social care across Inverclyde, and as such an amalgamation of the Community Health Partnership with the Social Work Service of the Council. It was considered that this would build on existing good working arrangements and facilitate continued improvement of service delivery for the community of Inverclyde
- 2.2 In order to initiate a more focussed joint partnership, it was acknowledged that significant negotiation around the structure and governance arrangements for this new body was of fundamental importance. This would secure clarity in respect of how the partnership would be structured, managed and also how the overall legal and governance responsibilities of both parent organisations would be fulfilled. The proposals for this would be developed through an SoE which would be jointly agreed by NHS Greater Glasgow and Clyde Health Board and the Council.
- 2.3 The attached draft document “**Inverclyde Community Health and Care Partnership – Scheme of Establishment**” is the culmination of the joint work and outlines the protocols and structures around which the CHCP would be established and how the governance arrangements affecting both organisations will be accommodated. Appendix 1

3.0 RECOMMENDATION

3.1 It is recommended that Committee :-

1. Note the Scheme of Establishment and submit the proposals to the full Council for approval;
2. Agree to the establishment of a Sub-Committee and delegates authority to the Sub-Committee to oversee the Inverclyde Community Health and Care Partnership including therein the operation of the Scheme of Establishment, subject to the Council approving the Scheme of Establishment; and
3. Note the Chair of the Sub-Committee is the Convenor of the Health and Social Care Committee and appoint four other Members to serve on the Sub-Committee, having due regard to para 5.4 of the Council's Scheme of Administration (political balance).

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4.0 BACKGROUND

- 4.2 There has been a strong commitment to the development of more integrated service within Inverclyde which would improve outcomes for people. This has been particularly evidenced across Health and Social Work Services, though is indicative of wider partnership arrangements.
- 4.3 The Council and the Health Board have looked to strengthen their joint working and endorsed the exploration of the establishment of a Community Health and Care Partnership.
- 4.4 Considering the significant change associated with the concordat and the establishment of the Single Outcome Agreement, senior managers from both organisations have taken stock of the circumstances surrounding this development.
- 4.5 From these deliberations, a view emerged that a structural change around organisations could encompass single agency and partnership developments which would align directly to the delivery of the Single Outcome Agreement. This, it is believed, would better reflect the targeting of Service to meet identified need and improve outcomes for people within Inverclyde.
- 4.6 Consideration of taking forward this area of development was also influenced and facilitated by alignment to the Corporate Management Restructure within the Council. As such, a more focussed exploration of the establishment of a CHCP was agreed. This was part of the report approved by the Council on 19 November 2009.
- 4.7 Over the intervening period there has been ongoing negotiation with colleagues from health and staff representatives to develop the structure and format of such an enhanced partnership. This has entailed the development of a management structure and a Scheme of Establishment which allows for the governance arrangements to be in place which would facilitate the work of the CHCP.
- 4.8 The ultimate aim of the enhanced partnership is to build on the good services provided locally by Health and Social Work and to use this foundation to integrate service towards further improving outcomes for the people of Inverclyde.

5.0 PROPOSALS

- 5.1 The proposal is therefore to implement the establishment of a CHCP in Inverclyde as an enhanced partnership arrangement between the Council and NHS Greater Glasgow and Clyde Health Board. This acknowledges the significant synergy which exists between the Community Health Partnership and the Social Work Services of the Council.
- 5.2 By creating the CHCP both organisations will maximise efficiencies, introduce budgetary savings and, more importantly, provide an integrated, improved and effective service to the community in Inverclyde.
- 5.3 The CHCP will operate within the wider context of Community Planning, ensuring appropriate strategic linkages not only within the context of health and social care but also in tackling the wider issues of deprivation, health inequality, public protection and community wellbeing.
- 5.4 In order that the enhanced partnership can operate within the agreed and necessary governance requirements of the two parent organisations, a Scheme of Establishment has been drafted which will provide the parameters within which the partnership will function.

This includes the reporting arrangements to both the Council and the Health Board, the formulation of the CHCP Committee, the management structure of the CHCP and the arrangements for financial reporting and monitoring.

6.0 IMPLICATIONS

- 6.1 Legal: Considered within the Scheme of Establishment.
- 6.2 Finance: Agreed aligning of budgets from both the Council and the Health Board as indicated in the annual budget for Social Work and the Community Health Partnership. A Service Level Agreement has been drafted and is with GG&CHB for approval to ensure appropriate financial governance arrangements.

Cost Centre	Budget Heading	Budget Year	Proposed Spend this Report	Virement From	Other Comments
Finance	SLA Income	2010/11	(£13,000)		Annual Payment from Health Board to Council for SLA support

- 6.3 Personnel: No significant HR implications at present as the employee conditions of service will remain for both Council and Health employees. A Service Level Agreement will be developed at a later stage with respect to continued HR support to the CHCP.
- 6.4 Equalities: The development of this partnership aims to further tackle issue of equality and inclusion both social and health. The relevant equality policies of both organisations will influence the development of service to communities, families and individuals.

7.0 CONSULTATION

- 7.1 There has been ongoing consultation with a wide range of stakeholders in respect of the development of the CHCP and the draft Scheme of Establishment.

8.0 LIST OF BACKGROUND PAPERS

- 8.1 Report to Council "Proposed Corporate Management Structure" 19 November, 2009.

Inverclyde Community Health and Care Partnership

Scheme of Establishment

August, 2010

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1. Introduction

- 1.1 This Scheme of Establishment (SoE) has been prepared in terms of Regulation 10 of the Community Health Partnerships (Scotland) Regulations 2004.
- 1.2 The proposal is presented jointly by Inverclyde Council, and NHS Greater Glasgow & Clyde (NHSGG&C) and seeks approval to establish a Community Health and Care Partnership for the Inverclyde area.
- 1.3 Having regard to this context, the Scheme of Establishment also seeks approval, under the terms of Regulation 3(4) and (5) of the said regulations, to deviate from the Guidance and vary the membership of the Partnership's Governing Committee as detailed later in Section 4.
- 1.4 The Scheme builds on a long and constructive experience of joint working in community care, children's services, health improvement and community planning within Inverclyde.
- 1.5 Within the Inverclyde context partners have agreed that the partnership will be known as the **Inverclyde Community Health and Care Partnership (CHCP)**. The CHCP will cover a population of 81,000 living in the Inverclyde local authority area. The main centres of population are Greenock, Gourock and Port Glasgow. In addition, there are smaller communities of Kilmacolm, Inverkip and Wemyss Bay.
- 1.6 The proposed CHCP will be co-terminus with the local authority boundary and will encompass the existing Inverclyde CHP.

2. Purpose and Principles

2.1 The ambition of all partners is that the CHCP will bring together NHS and local authority responsibilities to form an integrated partnership **but in a way that retains clear individual agency accountability for statutory functions, resources and employment issues**. It is a partnership organisation not a separate, new entity.

2.2 The CHCP will operate within the wider context of Community Planning and the existing Council and NHS strategic frameworks, including joint arrangements such as the Community Plan, Joint Community Care Plan, Children's Services Plan and Criminal Justice Plan.

2.3 **The purpose of the CHCP will be to:**

- Share governance and accountability between NHSGG&C and the Local Authority.
- Hold substantial responsibility for, and influence in, the deployment of NHS and Local Authority resources
- Manage local NHS and Social Work services.
- Improve the health of the population and close the inequalities gap.
- Play a major role in community planning.
- Achieve better specialist care for the population.
- Achieve strong local accountability through formal roles for local Councillors and the engagement and involvement of the community, *and*
- Drive NHS and Local Authority planning processes.

2.4 **Framed within stated strategic objectives which aim to:**

- improve the health of our community
- protect and support vulnerable children and adults in the community
- tackle Health and Social inequality
- make access to our services easier
- have a competent, confident and valued work force.
- deliver services that are of good quality and value for money
- communicate effectively with service users and other key stakeholders.

2.5 It is expected that the partnership will be a primary vehicle for improving the health and wellbeing of the population of Inverclyde. Within the context of

Community Planning, the statutory agencies recognise the wider role which they have collectively, and individually, to tackle the factors which contribute to poor health with a particular focus on addressing poverty in its widest sense.

- 2.6** We are therefore constructing the CHCP as a “health improvement” organisation resourced and responsible for making a difference to the health of the population and reducing inequalities, and as a partner in working with other organisations to improve health and wellbeing
- 2.7** The CHCP will lead the health and social work contribution and provide support to the wider themes within local community planning and the Single Outcome Agreement.
- 2.8** The CHCP will have specialist health improvement resources bringing together staff from the CHP and Local Authority, forming a specialist health improvement and inequalities team, supporting the public health orientation and activity of a wide range of non-specialist CHCP staff.
- 2.9** The facilitation and integration of community involvement will be a core function of the CHCP, and will particularly be delivered through engagement with a Public Partnership Forum.
- 2.10** As part of the community planning process the CHCP will produce a three year health improvement and inequalities plan, reviewed annually, and also deliver on NHS Board-wide priorities. This will reflect local circumstances and issues and be prepared in full partnership with the local authority, building upon the existing joint health improvement planning arrangements.

3. Services Managed by the CHCP

3.1 The partners agree to maximise the devolution of the management of services and resources to the CHCP. Within the CHCP the partners are committed to develop a single service management model wherever possible.

3.2 Health Services

The CHCP will assume direct management for the undernoted Health and Social work services

3.2.1 NHS services and functions:

Health & Community Care

- Community Nursing (including District Nursing, Out of Hours and Evening Service, Treatment Rooms and the Prevention and Support Service).
- Allied Health Professionals (AHPs) (Podiatry, Dietetics, Physiotherapy)
- Frail Elderly Team
- Rehabilitation Team
- Primary Care Support/ Contractor Support

Mental Health and Partnerships

- Community Mental Health Team
- Older People's mental Health Team
- Specialist (Health) Drug Service
- Specialist (Health) Alcohol Service
- Community Learning Disability Team
- Adult Inpatient Mental Health Services

Children's Services

- Health Visiting and School Nursing (including Looked after and Accommodated Children's Nurse, ADHD Nurse and input to Special Education Needs Schools)
- Community Children's Nursing Team
- Child and Adolescent Mental Health Services
- Speech and Language Therapy Service
- School Health

Planning and Health Improvement

- Strategic Planning and Performance Management

- Health Improvement and Inequalities Team (including Oral Health Team)
- Commissioned Services

Administration

- Administration (including Communications and Complaints)
- Medical Administration
- Premises Management (including GP rental)
- Civil Contingencies

3.2.2 The CHCP will hold budgets and contracts for the following services:

- Service level agreements for direct access to diagnostic and laboratory services.
- Primary care contracts.
- Services under the GMS contract.
- Prescribing.

3.3. Local Authority Services

3.3.1 Inverclyde Council proposes to delegate its functions and resources for the full range of its community care, criminal justice, children's services and homelessness services to be managed within the CHCP. This will include directly provided services and commissioned services.

Community Care

- Social Work Assessment and Care Management teams
- Residential and Respite Nursing Care
- Care and support at home
- Occupational Therapy and Rehabilitation (inclusive of children's' services)
- Joint Equipment store
- Sensory Impairment Services
- Supported living
- Community Drugs Team *and*
- Alcohol Services
- Adult Support & Protection
- Mental Health Services
- Learning Disability Services
- Carers Services

- Community Based Respite and Short Breaks
- Day Care Provision
- Day Opportunities

Children and Families

- Child Care Assessment and Care Management
- Child Protection
- Looked After and Accommodated Children
- Residential Children's Units
- Adoption and Fostering
- Throughcare Services
- Youth Justice Services
- Family Support
- Special Needs/Additional Support
- Respite and Short Breaks
- Early intervention
- Commissioned services

Criminal Justice

Criminal Justice services will be delivered through the CHCP within the parameters set by the Community Justice Authority:

- Multi-Agency Public Protection Arrangements
- Prison based Social Work Services
- Probation Services
- Community Services
- Services to Courts
- Aftercare/Licences and Parole Services
- Services for Sex Offenders

Homelessness

This to be provided in line with the legislative requirements in partnership with Social Landlords.

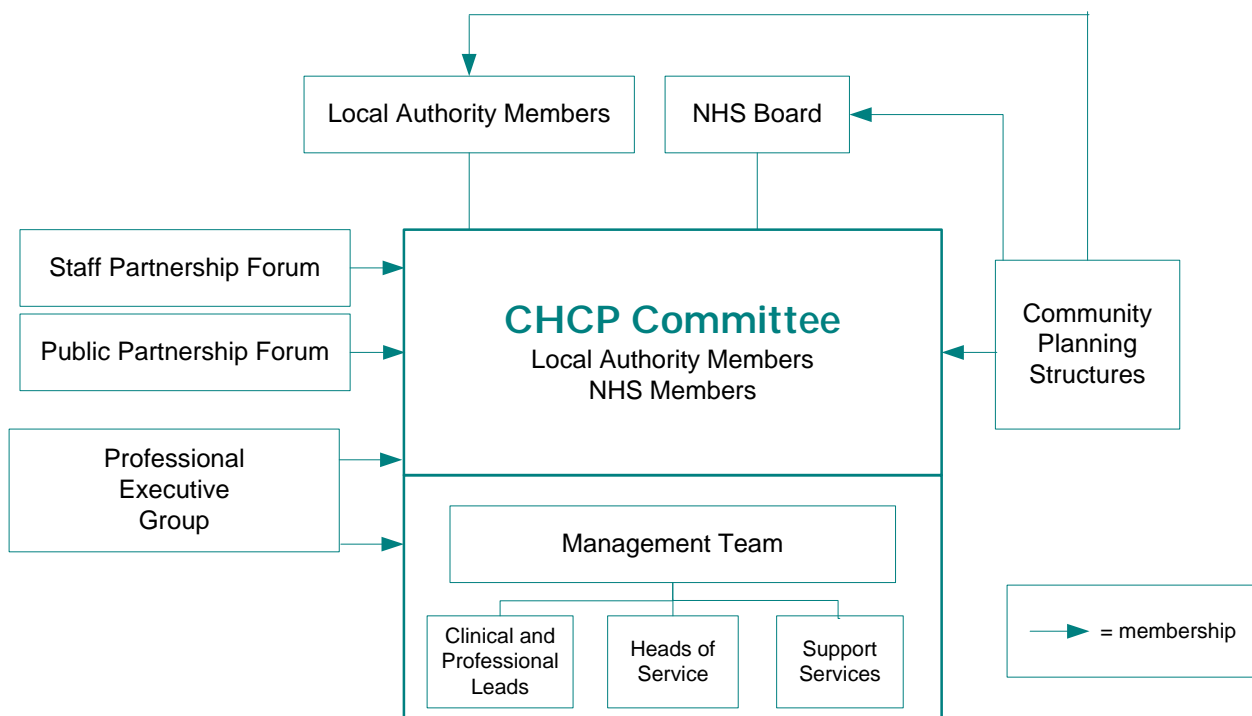
General Provision

- Planning and Commissioning
- Contracts, Compliance and Complaints
- Social Welfare/Income Maximisation

4. Governance Arrangements and Structures

4.1 The governance arrangements reflect the fact that the CHCP will be a full partnership between the NHSGG&C and Inverclyde Council. The CHCP will have a dual purpose. It will sit as a sub Committee of the NHS Board and as a sub-committee of the Health and Social Care Committee of Inverclyde Council. It will have full-decision making powers in respect of both partner organisations. The CHCP Committee minutes will be reported to the Health Board and it will report on its activities to the Board and the Health and Social Care Committee on an annual basis. The CHCP Committee will have full delegated authority to undertake the functions of the current Health and Social Care Committee and its decisions will be treated as if they had been made by the Health and Social Care Committee. It will be formed under Section 57(3) of the Local Government (Scotland) Act 1973.

4.1.2 The CHCP will be regulated by agreed Standing Orders, a Partnership Agreement and legislation governing both partner organisations. There will be five elements, the CHCP Committee, the Staff Partnership Forum, The Public Partnership Forum, the Professional Executive Group (PEG) and the Management Team, which are described in detail below and can be diagrammatically represented as:



4.2 The CHCP Committee

4.2.1 The purpose of the Committee is to prepare a Development Plan within the context of the Planning & Priorities guidance issued by the Inverclyde Council and NHSGG&C and thereafter develop this within the financial framework which satisfies both organisations.

4.2.2 The CHCP Committee would have the following principal areas of responsibility:

- Approval of policy and strategy for those service areas and functions included within the remit of the Partnership and within the overall framework set by the NHS Board and Inverclyde Council.
- To respond to consultations from Government, and other statutory bodies.
- To ensure the effective use and allocation of resources within the budgets delegated by the Council and NHSGG&C in accordance with the standing financial instructions/orders of both organisations.
- Monitor and review the performance of the Partnership against national and local performance targets and best value requirements.
- To consider and approve the CHCP development plan;
- To consider issues relating to staffing, and the structure of the Partnership, and where necessary to make recommendations to the parent bodies.

4.2.3 The CHCP Committee will be balanced between health and local authority members, to reflect a partnership approach, with an Elected Member, the Convenor of the Health & Social Care Committee as Chair of the CHCP Committee, and a Non Executive Director of the Health Board being designated as Vice Chair. It is acknowledged however, that in the event of the Chair being absent for more than one meeting in sequence, the Council would nominate an acting Chair for such an extended period as the Chair is absent.

4.2.4 It is proposed that the CHCP Committee will be balanced between the key stakeholders as follows:

- Elected Members Inverclyde Council (5)
- NHS Greater Glasgow & Clyde Health Board (2 Non-Executive Directors)
- Public Partnership Forum (1)
- Professional Executive Group (1)
- Joint Staff Partnership Forum (1)
- Corporate Director CHCP

4.3 The Management Team

4.3.1 The CHCP will be managed by a Corporate Director appointed jointly by the NHS Board and Inverclyde Council separately accountable to the NHS Board Chief Executive and the Council Chief Executive for the range of services managed within the CHCP that are NHS or Council specific and directly accountable to both where the function is joint.

4.3.2 The Corporate Director will be jointly appointed by the NHS Board and the Council and may be an employee of the NHS or Local Authority depending on the background and circumstances of the agreed candidate. For the purposes of Inverclyde Council this appointment will be at Corporate Director level and require elected member involvement in the appointment process. The recruitment procedures for this post will be as determined in the attached schedule for recruitment, and be subject to review and evaluation.

4.3.3 The Corporate Director will lead the management team with the remit of that team to,

- Support the CHCP Committee to fulfil its agenda.
- Manage the CHCP's services and wider health improvement responsibilities.
- Enable the engagement of all stakeholders.
- Advise and support the Board, the PEG and PPF.
- Develop relationships with the NHS Board, Inverclyde Council, other CHP's/CHCP's, Secondary Care, wider Public Service agencies the voluntary sector and the community.

4.3.4 The partners agree that members of the management team may be employed by either the NHS or the Council. However it is proposed that the Head of Service Children and Families and Criminal Justice is a Local Authority employee, and a Qualified Social Worker. This is to take account of the need to extend cover for the Chief Social Work Officer role. Each member of the

management team will manage both health and social work services within their defined area of responsibility.

4.4 The Professional Executive Group (PEG)

- 4.4.1 At present the role of the Professional Executive Groups (PEG) is under review and therefore the PEG structure outlined below maybe subject to change over the next six months.
- 4.4.2 The PEG will be fully meshed with the CHCP Committee and an integral part of the management team. It will have clear responsibilities to lead service redesign, planning and prioritisation. Its members will include all of the professions covered by the CHCP and clinical input from specialist divisions including acute services, child health and mental health. It is expected that the CHCP will have a wide range of planning and working groups, which will include professional staff across the range of its activities.
- 4.4.3 The Group will include as a minimum an older people's medicine consultant, a psychiatrist, a paediatrician, a psychogeriatrician, general practitioners, a nurse, an AHP, a Health Improvement specialist, a pharmacist, a dentist, an optometrist and social work staff, e.g. Service Managers, Qualified Social Workers and Homecare, etc.
- 4.4.4 Clinical members of the PEG will be appointed by the NHS Board. Local authority professional members of the PEG will be nominated by Inverclyde Council. The PEG representatives on the CHCP Committee will be nominated by members of the Group. The Group will be chaired by the CHCP Clinical Director.
- 4.4.5 The CHCP clinical governance lead clinician will be accountable to the Corporate Director of the Partnership. It is envisaged that a clinical governance sub group of the PEG will be responsible for planning and overseeing the implementation of clinical governance throughout the Partnership, including the provision of appropriate professional support and supervision.
- 4.4.6 In addition it is intended that clear professional support arrangements are put in place that support the role of the Council's Chief Social Work Officer (CSWO). This needs to be set in the dual context of the CSWO continuing to provide formal advice to the Council on the discharge of its statutory social work functions as well as the specific managerial arrangements for service delivery on a day to day basis where the CSWO does not have day to day managerial accountability for the particular service. The role of the Chief

Social Work Officer is located in legislation and encompassed within the guidance issued by the Scottish Government in February, 2009, and endorsed by Inverclyde Council. The specific relationship between the Chief Social Work Officer and the Chief Executive of Inverclyde Council and the Council itself, will be encompassed within these support arrangements.

- 4.4.7 The arrangements for clinical and professional governance do not sit in isolation from many of the core functions and responsibilities that the new Partnership will have. These arrangements will all have obvious links to service redesign and best value; to health improvement and service improvement; to forward planning and to the core governance and accountability structures for the Partnership.

4.5 Engaging with Patients, Users and Carers

Public Partnership Forum (PPF)

- 4.5.1 The PPF will provide the formal component of voluntary sector, community and service user engagement within the CHCP and will include a wide range of community and voluntary sector organisations in a virtual network utilising community planning processes and existing local structures.
- 4.5.2 The PPF network will come together formally through a PPF Executive Group which will be a mix of representation, including carers, service users and other key groups operating across Inverclyde areas from recognised local engagement processes. The PPF Executive Group will elect one representative for the CHCP Committee.
- 4.5.3 The executive group of the PPF will meet regularly and assume a leadership role in relation to involving patients, carers and the community. Where particular issues emerge it is intended that a wider “virtual” grouping will be involved in the community engagement process
- 4.5.4 The PPF will nominate a representative to the CHCP Committee through an electoral process where necessary. The PPF will also involve its members in the various working groups of the CHCP as appropriate.
- 4.5.5 The corporate management of community engagement and the PPF will be managed through the senior manager responsible for health improvement and planning.
- 4.5.6 The structures and mechanisms for membership and operating of the PPF will be informed by the Community Engagement Strategy developed in Inverclyde for Community Planning. This would encompass the National Standards for

Community Engagement and the NHS Patient Focus/Public Involvement Guidance.

4.6 Staff Partnership Forum

- 4.6.1 Staff Governance is a statutory requirement on NHS Boards. Arrangements for the Staff Partnership Forum (SPF) and for the way in which the Staff Governance Standard for NHS employees will be applied within the CHCP, is subject to a minute of agreement between NHS GG&C and the recognised trade unions, and professional organisations. Alongside the specific obligations of the NHS, we will seek to further develop the Joint Staff Partnership Forum which already exists in Inverclyde and which spans the trade union interests of both the NHS and the Council.
- 4.6.2 The SPF will nominate a member to represent the forum on the CHCP Committee.

5. Strategic Framework and Key Relationships

- 5.1 The CHCP will be expected to operate within the strategic frameworks established by the Local Authority and NHS Board and to meet the statutory obligations of both bodies. There will be synchronised and integrated performance management arrangements to ensure the CHCP activities are fully integrated into the corporate governance arrangements for both organisations.
- 5.1.2 Critical to the success of the CHCP will be ensuring effective working relationships with the acute service and specialist providers to improve services to patients. For specialist NHS services delivered from outwith the area a formal accountability framework will be developed. Managers of these services will be accountable to the CHCP Corporate Director for the delivery of services within the Partnership area.
- 5.1.3 The CHCP will develop effective working relationships with acute specialist health services in Greater Glasgow & Clyde. The NHS Board agree that the main tasks for the CHCP and acute specialist services together are to:
- Improve patient access to diagnosis, treatment and care.
 - Advance health improvement.
 - Address national and Board priorities and targets.
 - Scrutinise patient pathways and develop local Managed Clinical Networks.
 - Develop common analysis.
 - Identify service priorities.
 - Agree joint investments, and
 - Manage local performance.
- 5.1.4 In terms of other interfaces, the CHCP planning and policy structures will include representation from key Local Authority areas of responsibilities such as Education, Leisure, Strategic Housing function, Regeneration as well as Strathclyde Police, local Registered Social Landlords and the voluntary sector.

5.2 Financial Management and Budgets

- 5.2.1 The CHCP will be allocated funding on an agreed basis for the defined range of functions by the Council and NHSGG&C, following agreement on the

overall budget processes. Those budget allocations will be based on a transparent approach to addressing identified pressures and issues. The CHCP Committee will set budgets for activities within this overall allocation and ensure that spend is contained within the parameters of such budgets.

- 5.2.2 With regard to financial accountability, in light of the differing statutory financial responsibilities the Chief Financial Officer of the Council will have direct access to the CHCP in order to satisfy proper financial governance and budget management processes are in place.
- 5.2.3 Budgets will be **aligned**, and not **pooled**, and as such there will be clear lines for audit purposes for expenditure to both host organisations. Detailed financial monitoring arrangements will be developed building on existing financial frameworks and will include regular reporting to both the Council and the NHSGG&C systems. This will be subject to the development of a Service Level Agreement.
- 5.2.4 It is anticipated that budget monitoring reports will be submitted to all of the CHCP Committee meetings.
- 5.2.4 The CHCP Corporate Director, supported by the Chief Finance Officer and Accountancy Manager, will be responsible and accountable to both the Council and NHSGG&C for financial performance and management of budgets.
- 5.2.5 An initial exercise to set out the indicative expenditure and staffing for the CHCP has been undertaken and is attached at Appendix 1.

5.3 Improving Service Quality

- 5.3.1 Delivering improved service outcomes for the population of the area is a fundamental objective of the CHCP.
- 5.3.2 The initial priorities for the partnership will include establishing the new working arrangement for the partnership itself and ensuring a smooth transition from the current position.
- 5.3.3 Of critical importance will be the extent to which the partnership can deliver improvements in the primary/secondary care interface.
- 5.3.4 It is recognised that once fully constituted, the CHCP will wish to refine areas of improvement activity and potential redesign, taking account of existing good practice and innovation, as well as national priorities by setting outcomes for both current joint work and within each agency.

6. Planning and Development

- 6.1 Within the planning framework established, the CHCP will produce a three year plan for the range of its responsibilities including resources, service delivery, health improvement and tackling inequalities. That plan will include agreed joint components for acute, mental health, children's and other partnership arrangements and services.
- 6.2 These joint plans cover shared care groups, chronic disease, demand management, access issues and service redesign and improvement.
- 6.3 In terms of managing performance the CHCP will utilise the HEAT Performance System, locally devised improvement measures, the Organisational Performance Review process, the Council's Best Value regime in relation to Audit Scotland requirements, taking account of Directorate Development Plans, the implementation of the Public Service Improvement Framework, and to the Scottish Government with regard to national targets. Work to integrate the performance reporting and measurement processes will be undertaken between both organisations.
- 6.4 An early action for the CHCP will be to develop a robust integrated performance management and reporting system, for scrutiny by the CHCP Committee and for use in service teams, which encompasses statutory requirements.

Appendix 1:

CHP Budget and Staffing

Inverclyde CHP	Budget 09/10	WTE
Care Group	£000	
Children & Families	2,870	81
Health & Community	3,825	100
Mental Health	1,969	\
Learning Disability	551	/ 59
Planning & Health Improvement	716	18
Family Health Services	21,293	
Prescribing	17,645	
Management & Admin	1,400	65
Transfer to Local Authority	7,645*	
Other	676	
Total Budget 2008/09	58,590	323

* It must be noted that this figure is also integrated within the social work budget figures.

Appendix 2: Inverclyde Council Social Work Budget and Staffing

Inverclyde Council Social Work Services	Gross Budget 09/10	Number*	WTE*
Care Group	£000		
Addiction Services	724	36	30
Children & Families	11,012	196	168
Criminal Justice	2,109	52	50
Service Strategy	1,137	47	40
Support Management	3,415	76	62
Other Generic Services	15	0	0
Assessment Care Management	1,267	80	72
Learning Disabilities	7,462	123	91
Mental Health Services	2,745	26	24
Older People	23,112	466	320
Physical/Sensory Impairment	2,904	42	36
Supporting People	5,099	12	12
Homelessness	1,460	24	21
Total Budget 2009/10	62,461	1180	926

Appendix 3:

Primary Care Contracted by CHCP

Inverclyde Council CHCP	GP Practices	Dentists	Optometrists	Pharmacies
Inverclyde	16	18	14	20

Appendix 4:

Recruitment of Senior Management Staff.

Corporate Director CHCP

The appointment of the Corporate Director will be carried out through the process of an Assessment Centre with a final interview to determine the best possible candidate. The assessment centre process will be carried out by an independent agency on behalf of both organisations.

For the purposes of the interview the Panel will include the following;

- Convenor of the Health and Social Care and CHCP, Committees
- The Leader of the Council.
- Two representatives of the Health Board, the Chair and one other
- The Chief Executive of the Council
- The Chief Executive of the Health Board.

The involvement of an independent adviser to the Panel can always be considered.)

Heads of Service Posts.

The appointment of Heads of Service will be carried out through the process of an Assessment Centre with a final interview to determine the best possible candidate.

The assessment centre process will be carried out by an independent agency on behalf of both organisations.

For the purposes of the interview, taking account of the fact these posts are viewed as Chief Officer posts of the Council, the Panel will hold equal voting rights and include the following;

- Convenor of the Health and Social Care and CHCP Committees - Chair
- Elected Member sitting on the CHCP
- Member of the Health Board, represented on the CHCP
- Chief Executive of Council or their representative
- Chief Executive of the Health Board or their representative
- Corporate Director of the CHCP.

(Note: If consideration is being given to the appointment of a Head of Service to the role of Chief Social Work Officer it would be necessary to involve a Social Work advisor to the Panel.)

Appendix 5:

Further agreements required to underpin the Scheme of Establishment.

1. Development of an agreed cost sharing protocol in respect of the management structure of the CHCP as an initial starting point, with an action plan developed to secure further integration of management and cost sharing. Needs to be in place asap can we have a proposal now we have an agreed management structure?
2. Service Level Agreement in respect of the provision of financial management by the Council on behalf of the Partnership.
3. Service Level Agreement with regard to the provision of HR and Organisational Development services by the Council on behalf of the Partnership.
4. Development of a joint performance and reporting framework