Inverclyde council

**AGENDA ITEM NO: 9**

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| **Report To:** | **Inverclyde Council** | **Date: 4th October 2012** |
| **Report By:** | **Brian Moore**<br>**Corporate Director**<br>**Inverclyde Community Health & Care Partnership** | **Report No:**<br>**CHCP45/2012/BM** |
| **Contact Officer:** | **Helen Watson**<br>**Head of Service** | **Contact No: 01475 715367** |
| **Subject:** | **Scheme of Establishment Review** | |

## 1.0 PURPOSE

1.1 The purpose of this report is to present to members of the Inverclyde Council a reviewed Scheme of Establishment, with a view to the Council approving its submission to the Scottish Government for approval.

## 2.0 SUMMARY

2.1 The original Inverclyde Scheme of Establishment was approved by Inverclyde Council in October 2010 and by the NHSGGC Board in August 2010. This set in place the structures that enabled us to establish our CHCP enhanced partnership arrangements, however it was recognised at that time that some of the detail would evolve further as our arrangements bedded in and the CHCP began to mature.

2.2 The current review does not propose to alter any of the governance arrangements that were agreed in 2010 other than to correct an erroneous inclusion in the original Scheme of Establishment, which specified a voting seat on the CHCP Sub-Committee for the Alcohol and Drugs Partnership. That Partnership has its governance arrangements through Community Planning and the Inverclyde Alliance Board, which is an interface partnership for the CHCP rather than a governing one. This reference has therefore been removed.

2.3 The review aims to reflect more accurately the service configurations that have developed and changed over the past 21 months.

## 3.0 RECOMMENDATION

3.1 That members approve the Scheme of Establishment Review and instruct the CHCP Director to submit to the Scottish Government for Ministerial approval.

**Brian Moore**
**Corporate Director**
**Inverclyde Community Health & Care Partnership**

## 4.0 BACKGROUND

4.1 The NHS Reform (Scotland) Act 2004 required NHS boards to establish one or more Community Health Partnerships (CHPs) in their local area to bridge the gap between primary and secondary healthcare, and also between health and social care. In 2010 both Inverclyde Council and NHSGGC Board agreed to establish an enhanced partnership, which led to the emergence of the Inverclyde CHCP. Governance arrangements were outlined in our Scheme of Establishment.

4.2 The original Inverclyde Scheme of Establishment was approved by Inverclyde Council in October 2010 and by the NHSGGC Board in August 2010. This set in place the structures that enabled us to establish our CHCP enhanced partnership arrangements, however it was recognised at that time that some of the detail would evolve further as our arrangements bedded in and the CHCP began to mature.

4.3 The current review does not propose to alter any of the governance arrangements that were agreed in 2010, but rather, aims to reflect more accurately the service configurations that have developed and changed over the past 21 months. The main changes reflected relate to the CHCP's responsibility for additional Adult Mental Health Services including inpatient beds, the Short Stay Psychiatric Unit and the Adult Mental Health Intensive Care Day Unit. The review also reflects our improved public engagement arrangements through the development of our People Involvement and Advisory Network. Our revised approach facilitates a much wider range of engagement opportunities through an extensive network of contacts, as opposed to the more traditional arrangements seen elsewhere, with a small group of individuals trying to represent extensive and diverse communities and their views. We believe our network approach allows more direct access and influence by those communities who would wish to have a say in how we plan and develop local services.

4.4 There is an outstanding Internal Audit question with regard to the date of final Scottish Government approval of the 2010 Scheme of Establishment, and we have been unable to resolve this with the Scottish Government. If the present Scheme of Establishment is approved by Committee, it will then be submitted to the Scottish Government with a view to it becoming the extant document, thereby firmly securing our overall governance arrangements and meeting our audit requirements.

## 5.0 IMPLICATIONS

5.1 Legal:

There are no legal implications as governance arrangements remain unaltered.

5.2 Finance: There are no financial implications from the review.

| Cost Centre | Budget Heading | Budget Year | Proposed Spend this Report | Virement From | Other Comments |
|---|---|---|---|---|---|
| | | | | | |

5.3 Personnel:

There are no personnel implications from the review.

5.4 Equalities:

There are no equalities implications from the review.

## 6.0 CONSULTATION

6.1 The changes noted within the revised Scheme of Establishment were subject to extensive consultation with local communities prior to their implementation. The review seeks to update our Scheme of Establishment to reflect the changes that occurred as a result of these consultations.

Inverclyde Community Health and Care Partnership

# Scheme of Establishment

Revised July 2012

# Contents

# 1. Introduction

**1.1** This Revised Scheme of Establishment (SoE) has been prepared in terms of Regulation10 of the Community Health Partnerships (Scotland) Regulations 2004.

**1.2** The revisions are presented jointly by Inverclyde Council and NHS Greater Glasgow & Clyde (NHSGG&C) and seek to reflect the evolving responsibilities of the Inverclyde CHCP.

**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 retain its deviation 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 the partnership will continue to be known as the **Inverclyde Community Health and Care Partnership (CHCP)**. The CHCP will cover a population of 79,770 (Ref GROS – General Register Office for Scotland) 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 CHCP will continue to be co-terminus with the local authority boundary.

# 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.

**2.2.1 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.

**2.3 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 workforce;
- deliver services that are of good quality and value for money;
- communicate effectively with service users and other key stakeholders.

**2.5** The partnership is 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 confirming 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 continue to 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’s specialist health improvement and inequalities team will continue to support the public health orientation and activity of a wide range of non-specialist CHCP staff.

**2.9** The facilitation and integration of people involvement will continue to be a core function of the CHCP, and will particularly be delivered through the operation of a Public Partnership Forum. This will be known as Inverclyde CHCP People Involvement Advisory Network and a CHCP Advisory Group.

**2.10** As part of the Community Planning process the CHCP will produce regular plans describing its intentions to work with Community Planning Partners. The planning cycle will be in line with those of the CHCP’s parent organisations and plans will be reviewed annually. This will reflect local circumstances and issues and be prepared in full partnership with the local authority, building upon the existing joint health improvement and joint community care 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**

- Allied Health Professionals (AHPs) (Podiatry, Dietetics, Physiotherapy)
- Community Learning Disability Team
- Community Nursing (including District Nursing, Out of Hours and Evening Service, Treatment Rooms and the specialist nurse posts (Continence, respiratory and Diabetic)
- Community Rehabilitation & Enablement Service
- Primary Care Support/ Contractor Support
- Rehabilitation Team

**Mental Health and Addictions & Homelessness**

- Adult Mental Health – Langhill Day Services Clinic
- Adult Mental Health Acute Admission – Short Stay Psychiatric Unit
- Adult Mental Health Intensive Care Day Unit
- Community Mental Health Team
- Old People - Mental Health Inpatient Continuing Care Teams
- Older People's mental Health Team
- Older Peoples Mental Health – Inpatient Acute Assessment Unit
- Older Peoples Mental Health – Argyll Unit Day Services Assessment Unit
- Primary Care Mental Health Team
- Specialist (Health) Alcohol Service
- Specialist (Health) Drug Service

**Children's Services**

- Child and Adolescent Mental Health Services
- Community Children's Nursing Team
- Health Visiting and School Nursing (including Looked After and Accommodated (LAAC) Children's Nurse, Attention Deficit Hyperactivity Disorder (ADHD) Nurse and input to Special Educational Needs Schools)
- Pre 5s Oral Health Services
- School Health
- Skylark
- Speech and Language Therapy Service

**Planning and Health Improvement**

- Commissioned Services
- Health Improvement and Inequalities Team
- Strategic Planning and Performance Management

**Administration**

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

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

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

## 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 includes directly provided services and commissioned services.

**Community Care**

- Adult Support & Protection
- Alcohol Services
- Care and support at home
- Carers Services
- Community Based Respite and Short Breaks
- Community Drugs Team
- Day Care Provision
- Day Opportunities
- Joint Equipment store
- Learning Disability Services
- Mental Health Services
- Occupational Therapy and Rehabilitation (inclusive of children's' services)
- Residential and Respite Nursing Care
- Sensory Impairment Services
- Supported living
- Telehealthcare

**Children and Families**

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

**Criminal Justice**

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

- Aftercare/Licences and Parole Services
- Community Payback Orders;
  - Unpaid work
  - Supervision
  - Other activity
- Community Services
- Prison based Social Work Services
- Services for Sex Offenders including Public Protection
- Services to Courts
- The multiagency arragements
- Throughcare Services

**Homelessness**

- Statutory Homelessness Assessment or people presenting with housing need and providing immediate Accommodation for those assessed as Homeless.
- Work to provide appropriate homes to be provided in line with the legislative requirements in partnership with Social Landlords.

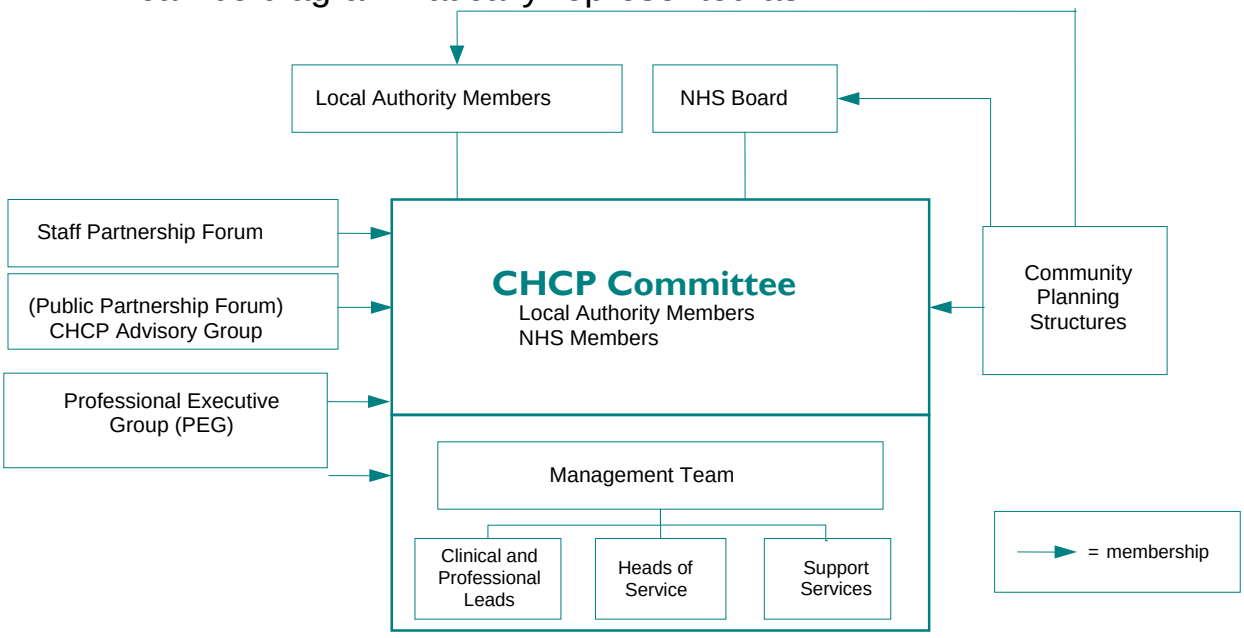
**General Provision**

- 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 is a full partnership between the NHSGG&C and Inverclyde Council. The CHCP has a dual purpose. It sits as a sub Committee of the NHS Board and as a sub-committee of the Health and Social Care Committee of Inverclyde Council. It has full-decision making powers in respect of both partner organisations. The CHCP Committee minutes are 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 has full delegated authority to undertake the functions of the current Health and Social Care Committee and its decisions are treated as if they had been made by the Health and Social Care Committee. It is formed under Section 57(3) of the Local Government (Scotland) Act 1973.

4.1.2 The CHCP is regulated by agreed Standing Orders, a Partnership Agreement and legislation governing both partner organisations. There are five elements, the CHCP Committee, the Staff Partnership Forum (SPF), The Public Partnership Forum (to be known as the CHCP Advisory Group), 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 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 has 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 with 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:

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

## 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 CHCP Advisory Group (PPF).
- Develop relationships with the NHS Board; Inverclyde Council; other CHPs/CHCPs; Secondary Care; wider Public Service agencies; the voluntary sector and the Inverclyde community.

4.3.4 The partners agree that members of the management team may be employed by either the NHS or the Council. However the Head of Service: Children and Families and Criminal Justice will be 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 manages 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 its Chair will be 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 psycho geriatrician; a general practitioner; 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 a Homecare representative.

4.4.4 Clinical members of the PEG are appointed by the NHS Board. Local authority professional members of the PEG are nominated by Inverclyde Council. The PEG representatives on the CHCP Committee are nominated by members of the Group. The Group is chaired by the CHCP Clinical Director.

4.4.5 The CHCP clinical governance lead clinician is accountable to the Corporate Director of the Partnership. The Clinical and Care Governance sub group of the PEG is responsible for planning and overseeing the implementation of clinical and care 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 of the Partnership. These arrangements 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

### CHCP Advisory Group (Formerly Public Partnership Forum (PPF))

4.5.1 The CHCP Advisory Group provides the formal component of voluntary sector, community and service user engagement within the CHCP and represents a wider network that includes a wide range of community and voluntary sector organisations in a virtual network utilising Community Planning processes and existing local structures. The Inverclyde PPF will therefore be known as the Inverclyde CHCP People Involvement and Advisory Network, and will interface with service planning, development, improvement and redesign through the CHCP Advisory Group.

4.5.2 The CHCP People Involvement and Advisory Network comes together formally through the CHCP Advisory Group, made up of representatives from 12 subgroups of the Network including carers; older people; representatives of people with long term conditions, and champions of healthy lifestyles. The CHCP Advisory Group chair will sit at the CHCP Committee.

4.5.3 The CHCP Advisory Group meets regularly (6 times per year) and assumes a leadership role in relation to involving service users, carers and the community where particular issues emerge. The wider community continue to be involved in the people involvement process as detailed within the CHCP People Involvement Framework.

4.5.4 The corporate management of people involvement and support for the CHCP People Involvement and Advisory Network will be managed through the senior manager responsible for planning, health improvement and commissioning.

4.5.5 The structures and mechanisms for membership and operating of the CHCP People Involvement and Advisory Network are informed by the Inverclyde Alliance Community Engagement Strategy. This encompasses the National Standards for Community Engagement and the NHS Patient Focus: Public Involvement Guidance. Full details on the running of the CHCP People Involvement and Advisory Network are detailed in the CHCP Advisory Group working agreement.

## 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 NHSGG&C and the recognised trade unions, and professional organisations. Alongside the specific obligations of the NHS, we have further developed the former Joint Staff Partnership Forum, which has now fully merged with the SPF. The refreshed SPF spans the trade union interests of both the NHS and the Council.

4.6.2 The SPF nominates a member to represent the forum on the CHCP Committee.

# 5. Strategic Framework and Key Relationships

5.1 The CHCP will continue 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 continuing 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 and tackle health and social inequality
- Address national and Board priorities and targets
- Scrutinise patient pathways and develop local Managed Clinical and Care Networks
- Develop common analysis
- Identify service priorities
- Agree joint investments
- 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, reporters administration, Courts and Scottish Prison Service (SPS) and Criminal Justice Association (CJA).

## 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 continue to 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 continue to be **aligned**, and not **pooled**, and as such there are clear lines for audit purposes for expenditure to both parent organisations. Detailed financial monitoring arrangements have been developed building on existing financial frameworks and include regular reporting to both the Council and the NHSGG&C systems. This has been subject to the development of a Service Level Agreement.

5.24 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 continue to be responsible and accountable to both the Council and NHSGG&C for financial performance and management of budgets.

5.2.5 Indicative expenditure and staffing for the CHCP 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 Of critical importance will be the extent to which the partnership can deliver improvements in the primary/ secondary care interface.

5.3.3 Delivering improvements through outcomes-based planning 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 continue to produce a rolling 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 services and other partnership or hosted arrangements and services. The existing planning cycle may have to be amended to accommodate harmonisation of the planning cycles of both parent organisations; however the CHCP aims to have a single plan that will satisfy the priorities of both parents as well as addressing locally identified issues.

**6.2** The joint plan will cover shared care groups; chronic disease; demand management; inequalities; access issues and service redesign and improvement.

**6.3** In terms of managing performance the CHCP will continue to utilise the HEAT Performance System; locally devised improvement measures; the Joint Organisational Performance Review process, and the Council's Best Value regime in relation to Audit Scotland requirements. It will also take account of Corporate Plans; the implementation of the Public Service Improvement Framework, and national targets from the Scottish Government. Work to further integrate the performance reporting and measurement processes will continue between both organisations.

**6.4** The CHCP will continue to publish outputs from its 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

| NHS GGC Draft Budget | Budget 12/13 | WTE |
|---|---|---|
| Care Group | £000 | |
| Children & Families | 2,866 | 74 |
| Health & Community | 4,038 | 96 |
| Mental Health & Addictions | 13,239 | 283 |
| Learning Disability | 560 | 13 |
| Planning & Health Improvement | 644 | 10 |
| Family Health Services | 20,398 | |
| Prescribing | 17,858 | |
| Management & Admin | 1,606 | 60 |
| Transfer to Local Authority (Note 1) | 8,646 | |
| Total Net Budget 2012/13 | 69,855 | 536 |

Notes:

1. It should be noted that this figure is also integrated within the social work budget figures.
2. The draft budget above excludes the Inverclyde Change Fund allocation of £1.4 million for 2012/13.

# Appendix 2:
# Inverclyde Council
# Social Work Budget and Staffing

| Inverclyde Council Social Work Services | Budget 12/13 | Number * | WTE* |
|---|---|---|---|
| Care Group | £000 | | |
| Children, Families & Criminal Justice (Note 1) | 10,212 | 288 | 248.44 |
| Health & Community Care | 25,166 | 1120 | 597.6 |
| Mental Health, Addictions & Homelessness | 1,983 | 390 | 358.92 |
| Learning Disability | 6,609 | 14 | 12.5 |
| Planning, Health Improvement & Commissioning | 1,229 | 73 | 62.45 |
| Management & Admin & Service Support | 2,930 | 190 | 143.42 |
| Total Net Budget 2012/13 | 48,129 | | |

Notes:

1. It should be noted that this figure is inclusive of £1.9 million Criminal Justice funding.

# 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 that 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.)