

PERTH AND KINROSS COUNCIL

17 December 2014

Health & Social Care Integration Draft Integration Scheme for Perth and Kinross**Report by Chief Executive****PURPOSE OF REPORT**

This report recommends the approval of the Consultation Draft of the Integration Scheme (Appendix 1) for the Perth and Kinross Health and Social Care Integration Joint Board. The report also asks the Council to agree a number of proposals in terms of the future governance of the Integration Joint Board and seeks approval for the Chief Executive to make the appropriate joint arrangements with NHS Tayside to recruit a Chief Officer for the Board.

1. BACKGROUND

- 1.1 At its meeting of 7 May 2014 the Council approved a joint report (14/194 refers) by the Executive Directors of Education and Children's Services and Housing and Community Care entitled "Public Service Reform – Building on Strong Foundations". The report laid out a number of proposals to build upon existing good practice in Perth and Kinross in terms of models of partnership working.
- 1.2 The report described the Scottish Government's Public Service Reform Agenda and associated legislation as providing an opportunity to implement a step change in our partnership arrangements in Perth and Kinross by re-energising our collective ambition and building upon the strong investment in partnership working that already exists.
- 1.3 As part of this 'step change' in our partnership arrangements, the Council approved the Body Corporate Model for the creation of the Integration Joint Board in Perth and Kinross as being the most appropriate model available within the Public Bodies (Joint Working) (Scotland) Act 2014 to support our future ambitions in terms of Health & Social Care Integration.
- 1.4 It was agreed that the Body Corporate Model provided an opportunity to develop a clear model for sharing decision making, sharing resources and the joint commissioning of services.

2. INTEGRATION SCHEME

- 2.1 In accordance with Public Bodies (Joint Working) (Scotland) Act 2014 and associated regulations, the Partners are required to submit for approval by Scottish Government Ministers, an Integration Scheme by 31 March 2015.
- 2.2 The Integration Scheme should lay out 'how' the Integration Joint Board will come together, outlining the agreed arrangements in such areas as governance and local delivery arrangements. Importantly, the Scheme should also outline the functions which are to be delegated to the Integration Joint Board in line with the Public Bodies (Joint Working) (Integration Scheme) (Scotland) Regulations 2014 below:

[Prescribed matters to be included in the Integration Scheme](#)
[Prescribed National Health and Wellbeing Outcomes](#)
[Prescribed Local Authority Functions](#)
[Prescribed Health Board Functions](#)
[Supporting Note – Health and Social Care Functions](#)

- 2.3 The Integration Scheme must be approved by Scottish Ministers before the Integration Joint Board may be formally established. Scottish Ministers will restrict their approval to those matters which are prescribed for inclusion in the Scheme and any changes to the Scheme in the future will require the Scheme to be resubmitted.
- 2.4 The Act sets out that the Council and the NHS Board must consult on the content of the Integration Scheme and the groups to be involved are set out in the regulations.
- 2.5 The proposed Consultation Draft of the Scheme has been developed by Health Board and Council colleagues and is based upon the national Model Integration Scheme and reflects the draft regulations and guidance associated with the Public Bodies (Joint Working) (Scotland) Act 2014. Officers have agreed to the release of the consultation draft while continuing to seek convergence where possible on wording across the three Tayside partnerships as the Scheme is further developed, using best practice to inform the content of the Scheme.

3. LOCAL GOVERNANCE ARRANGEMENTS

- 3.1 In section 3 of the Draft Integration Scheme, partners are asked to outline a number of arrangements in terms of the proposed membership of the Integration Joint Board.
- 3.2 Voting members of the Integration Joint Board are to be made up of representatives nominated by the Council and NHS Tayside Board.
- 3.3 The Local Authority and Health Board are to nominate the same number of representatives and must agree on the number they will each nominate. They may either nominate a minimum of three nominees each or agree on a number of nominees greater than three. However, Local Authorities can instead require the number of nominees to be a maximum of 10% of their full Council number. The Health Board will nominate Non-Executive Directors to sit on the Integration Joint Board and must have at least two Non-Executive Directors on each of the Integration Joint Boards created.
- 3.4 To reflect the current arrangements of the Pathfinder Board, and given that Perth and Kinross Council has 41 Members, it is recommended that the number of Councillors who should serve on the Integration Joint Board is four. This would maximise the democratic participation of elected members on the Board and together with a matching number of Non-Executive Health Board members, would provide sufficient capacity for scrutiny and direction. This is reflected in the Draft Scheme.
- 3.5 The Integration Scheme must also lay out the appointment period of the Chairperson and Vice-chairperson for a period of between one and three years. The Council and NHS Tayside agree the appointment of the first Chairperson, thereafter, the Chairperson will be appointed by each party on an alternating

basis for each successive appointing period. The proposal is for the Council to give delegated authority to the Chief Executive to agree in consultation with the Chief Executive of NHS Tayside the arrangements for the appointment of the Chairperson and Vice-Chairperson as the Integration Joint Board and the terms of office for these appointments.

4. DELEGATION OF FUNCTIONS

- 4.1 As outlined above, a key aspect of the Integration Scheme is to lay out the scope of functions to be delegated from both Perth and Kinross Council and NHS Tayside to the Integration Joint Board.
- 4.2 The functions that are to be delegated by the Health Board to the Integration Joint Board are set out in Part 1 of Annex 1 of the Draft Scheme. The services to which these functions relate, which are currently provided by the Health Board and which are to be integrated, are set out in Part 2 of Annex 1. The functions that are to be delegated by the Local Authority to the Integration Joint Board are set out in the Public Bodies (Joint Working) (Prescribed Local Authority Functions etc.) (Scotland) Order 2014. The services to which these functions relate, which are currently provided by the Local Authority and which are to be integrated, are set out in Part 2 of Annex 2 of the Scheme.
- 4.3 Whilst these functions are as prescribed in The Public Bodies (Joint Working) (Scotland) Act Regulations 2014 as functions that 'must' be delegated to the Integration Joint Board, how these functions are to be managed and delivered is a matter for further discussion and agreement between the Council, NHS Tayside and the Integration Joint Board.

5. RECRUITMENT OF CHIEF OFFICER

- 5.1 The Integration Joint Board is required to appoint a Chief Officer as the accountable officer for the Board.
- 5.2 It is suggested authority be delegated to the Chief Executive to make the appropriate joint arrangements with NHS Tayside and the Pathfinder Board, to recruit a Chief Officer for the Integration Joint Board in accordance with agreed policies and procedures.

6. FINANCIAL ARRANGEMENTS

- 6.1 The Draft Integration Scheme covers the following finance related matters:
 - The method for the determination of the resources to be made available by the Council and NHS Tayside to the Integration Joint Board;
 - Financial management arrangements including the management of budget variances and;
 - Reporting arrangements between the Integration Joint Board and the Council and NHS Tayside.

7. NEXT STEPS – CONSULTATION

The Integration Principles contained within the Public Bodies (Joint Working) (Scotland) Act state that services should be provided in a way, which, so far as possible, is planned and led locally in a way which is engaged with the

community. In keeping with this approach the Act requires the Council and NHS Board to consult on the content of the Integration Scheme as set out in the draft regulations. These comprise stakeholders represented in the Perth and Kinross Pathfinder Board and Strategic Planning Group; NHS Tayside staff; Council employees; General Practitioners; Third Sector agencies; independent sector providers and other Councils within NHS Tayside's area. The timescale for the consultation process is set out in section 8 below.

8. COUNCIL TIMELINE AND APPROVAL PROCESS FOR INTEGRATION SCHEME

8.1 The Timeline for the consultation and approval process for the Integration Scheme is as follows:-

	Action	Timescale
1	Consultation Draft Integration Scheme submitted to Council for approval	17 December 2014
2	Consultation Draft Integration Scheme submitted to NHS Tayside Board	18 December 2014
3	Consultation with relevant stakeholders as prescribed in legislation	12 January 2015 – 27 February 2015
4	Final Draft Integration Scheme submitted to Council for approval	Special Council – March 2015 – TBC
5	Final Draft Integration Scheme submitted to NHS Tayside Board for approval	Board Meeting – March 2015 - TBC
6	Integration Scheme submitted to Scottish Ministers for their approval	31 March 2015
7	Approval by Scottish Ministers and Order made by Scottish Parliament	By June / July 2015
8	Integration Joint Board formally constituted	November 2015

8.2 As outlined above, it is proposed that following the formal consultation period the final proposed Draft Integration Scheme be submitted for approval to a Special Meeting of the Council in March 2015.

9. CONCLUSION AND RECOMMENDATIONS

It is recommended that:-

- (1) The Council agree the Consultation Draft Integration Scheme for Perth and Kinross (Appendix 1) and request that a finalised Scheme be submitted to the Council for its approval in March 2015 following consultation with relevant stakeholders.

- (2) A meeting of the Executive Sub-Committee of Strategic Policy and Resources Committee be convened, if necessary, to approve any material changes to the Draft Integration Scheme prior to the commencement of the consultation period on 12 January 2015.
- (3) The Council confirm that four Elected Members of the Council should be nominated as the Members of the Board.
- (4) The Council give delegated authority to the Chief Executive to agree, in consultation with the Chief Executive of NHS Tayside, the arrangements for the appointment of the Chairperson and Vice-Chairperson of the Integration Joint Board and the terms of office for these appointments. These will be detailed in the final version of the Scheme to be submitted to the Council for approval in March 2015.
- (5) The scope of Council functions as outlined in Part 1 of Annex 2 of the Draft Integration Scheme be delegated to the Integration Joint Board in accordance with the Public Bodies (Joint Working) (Scotland) Regulations 2014.
- (6) Authority to be delegated to the Chief Executive to make appropriate joint arrangements with NHS Tayside to recruit a Chief Officer for the Integration Joint Board in accordance with agreed policies and procedures.

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Approved

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Bernadette Malone	Chief Executive of Perth and Kinross Council	28 November 2014

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IMPLICATIONS, ASSESSMENTS, CONSULTATION AND COMMUNICATION

Strategic Implications	Yes / None
Community Plan / Single Outcome Agreement	Yes
Corporate Plan	Yes
Resource Implications	
Financial	Yes
Workforce	None
Asset Management (land, property, IST)	None
Assessments	
Equality Impact Assessment	Yes
Strategic Environmental Assessment	None
Sustainability (community, economic, environmental)	None
Legal and Governance	Yes
Risk	Yes
Consultation	
Internal	Yes
External	Yes
Communication	
Communications Plan	Yes

1. Strategic ImplicationsCommunity Plan / Single Outcome Agreement

1.1 This report is relevant to the achievement of the following Perth and Kinross Community Plan / Single Outcome Agreement priorities:

- Supporting people to lead independent, healthy and active lives

Corporate Plan

1.2 This report is relevant to the achievement of the following Council's Corporate Plan Priorities:

- Supporting people to lead independent, healthy and active lives

2. Resource ImplicationsFinancial

2.1 There are no financial implications arising from this report. The Draft Integration Scheme contains information about the proposed financial arrangements for the Integration Joint Board.

3. Assessments

Equality Impact Assessment

- 3.1 Under the Equality Act 2010, the Council is required to eliminate discrimination, advance equality of opportunity, and foster good relations between equality groups. Carrying out Equality Impact Assessments for plans and policies allows the Council to demonstrate that it is meeting these duties.

Assessed as **relevant** and during the consultation period and EqIA will be carried out.

3.2 Strategic Environmental Assessment

- 3.3 The Environmental Assessment (Scotland) Act 2005 places a duty on the Council to identify and assess the environmental consequences of its proposals.

The proposals have been considered under the Act and no further action is required as it does not qualify as a PPS as defined by the Act and is therefore exempt.

Sustainability

- 3.4 Health and Social Care Integration is the Scottish Government's legislative reform agenda to protect and sustain public health and social care services into the future.

Legal and Governance

- 3.5 The 2014 Act requires that the Council and NHS Tayside agree an Integration Scheme. The proposed draft meets the requirements of the legislation and Regulations and follows the Model Scheme issued by the Scottish Government.

Risk

- 3.6 A Risk Management Strategy will be developed for the Integration Joint Board as outlined in the Draft Integration Scheme.

4. Consultation

Internal

- 4.1 The Executive Officer Team, Head of Legal Services, Head of Democratic Services and the Chief Social Work Officer have been consulted in the preparation of this report. A series of elected member awareness sessions have also taken place in relation to the scope and content of the Integration Scheme.

External

- 4.2 Senior Officers of NHS Tayside have been consulted in the preparation of this report.

5. Communication

A Communications Strategy for the Health & Social Care Integration is in place and includes raising awareness of the Integration Scheme

2. BACKGROUND PAPERS

Public Bodies (Joint Working) (Scotland) Act 2014 and subsequent Statutory Instruments and Guidance.

3. APPENDIX

The Draft Integration Scheme for Perth and Kinross is attached at Appendix 1.

PERTH AND KINROSS

DRAFT INTEGRATION SCHEME

CONTEXT

1. Introduction

The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) requires Health Boards and Local Authorities to integrate planning for, and delivery of, certain adult health and social care services. They can also choose to integrate planning and delivery of other services – additional adult health and social care services beyond the minimum prescribed by Ministers, and children’s health and social care services. The Act requires them to prepare jointly an integration scheme setting out how this joint working is to be achieved. There is a choice of ways in which they may do this: the Health Board and Local Authority can either delegate between each other (under s1(4)(b), (c) and (d) of the Act), or can both delegate to a third body called the Integration Joint Board (under s1(4)(a) of the Act). Delegation to an Integration Joint Board is commonly referred to as a “body corporate” arrangement.

Once the scheme has been approved by the Scottish Ministers, the Integration Joint Board (which has distinct legal personality) will be established by Order of the Scottish Ministers.

2. Aims and Outcomes of the Integration Scheme

The main purpose of integration is to improve the wellbeing of people who use health and social care services, particularly those whose needs are complex and involve support from health and social care at the same time. The Integration Scheme is intended to achieve the National Health and Wellbeing Outcomes prescribed by the Scottish Ministers in Regulations under section 5(1) of the Act.

3 Our Vision

The Scottish Government's Public Service Reform agenda is based upon '4 Pillars of Reform' – Place, Prevention, Performance and People. At the centre of this agenda is a reinvigorated focus on strengthening partnership across public services to ensure services are planned, delivered and monitored in ways which best meet the needs of individuals, families and communities.

Our commitment to the Public Service Reform agenda is articulated in our Community Plan / Single Outcome Agreement 2013-23. This sets out a vision of a confident and ambitious Perth and Kinross, to which everyone can contribute and in which all can share. Through our strategic objectives we aim to maximise the opportunities available to our citizens to achieve their potential, at every life stage. Our strategic objectives are:

- Giving every child the best start in life
- Developing educated, responsible and informed citizens
- Promoting a prosperous, inclusive and sustainable economy
- Supporting people to lead independent, healthy and active lives
- Creating a safe and sustainable place for future generations

In Perth & Kinross, people are at the heart of everything we do. Our communities are unique, and their sense of place defines our work and our legacy.

Our Health & Social Care Partnership is well established, and over the last decade, partners have worked together to form strong relationships. Our collective ambition is to continue to achieve the best outcomes for the families and communities of Perth and Kinross.

Our partnership working is based upon strong leadership and integrated practice. Increasingly our joint working is informed by a strengthened evidence based approach. Evidence of where and what services are required and how

they can be best delivered. Whether this evidence is data gathered through innovative and sector leading engagement processes or through the detailed analysis of service provision such as the Integrated Resource Framework or by utilising our well established performance management and reporting framework, we are basing our priorities and integrated service delivery on robust evidence of what is needed and what works.

Our people are our greatest asset and it is through their talents and ambitions that real improvement will continue to be made. We have confident, ambitious, innovative staff and we are proud of their achievements and want to build on their successes. We continue to promote and nurture a positive culture and behaviours and encourage integrated working, based on a common purpose, to deliver the best possible outcomes for our communities. We will continue to create space and opportunities for our people to offer their best, in service of the communities of Perth and Kinross.

The breadth and scope of our integrated working stretches from the very earliest years to the care and support of older people. By 2035 the number of older people over 75 in Perth and Kinross is projected to rise by 89%. This will dramatically increase the pressure on health and social care services during a period of unprecedented financial constraint upon public service budgets.

Through our integrated working in Reshaping the Care of Older People, we have had a number of successes, for example in terms of reducing delayed discharges through direct access to our Reablement Services, avoiding unnecessary admissions through our Rapid Response Team providing effective alternatives to hospital or care home admissions and improving the care for people with dementia by providing services within the community.

We will continue to build upon this best practice, learning from what works best in Perth & Kinross in terms of our integrated working.

Adults living with physical disability, learning disability, mental health problems or other long-term conditions consistently tell us that they want to be independent, to have choice and control so they are able to live 'ordinary lives' as fully participating members of the wider community. In Perth and Kinross we are committed to improving the lives of those adults and their families, helping them to meet their full potential.

The next ten years will see increased demand for public services. This is already evident in the field of personal services for adults affected by homelessness, substance misuse, or mental ill-health.

ACHIEVING BETTER OUTCOMES FOR THE PEOPLE OF PERTH & KINROSS

Strong collective leadership, effective and mature partnership relationships, a focus on self-evaluation, an engaged workforce and evidence based approaches all contribute to one clear aim – better outcomes.

Our Partnership sees Health & Social Care Integration as a vehicle to improve the wellbeing of people who use health and social care services, particularly those whose needs are complex and involve support from health and social care at the same time. This Integration Scheme is intended to achieve the National Health and Wellbeing Outcomes prescribed by the Scottish Ministers in Regulations under section 5(1) of the Act, namely:

1. People are able to look after and improve their own health and wellbeing and live in good health for longer.
2. People, including those with disabilities, long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
3. People who use health and social care services have positive experiences of those services, and have their dignity respected.

4. Health and social care services are centred on helping to maintain or improve the quality of life of service users.
5. Health and social care services contribute to reducing health inequalities.
6. People who provide unpaid care are supported to reduce the potential impact of their caring role on their own health and well-being.
7. People who use health and social care services are safe from harm.
8. People who work in health and social care services are supported to continuously improve the information, support, care and treatment they provide and feel engaged with the work they do.
9. Resources are used effectively in the provision of health and social care services, without waste.

Together we will work towards achieving these National Outcomes by:

- ***Involving people*** in decisions on their care and those they care for and involving staff, patients, service users, carers and whole communities in influencing the way services are organised and delivered.
- ***Devolving more integrated services*** to be closer to people and communities, and supporting this by delegating decision making and resources.
- ***Developing Integrated Locality Teams*** at local level, so that all clinical, professional and non-clinical staff can work together in a coordinated way to improve access, the journey of care and the quality of services.

- ***Delivering joint health and social care services*** to provide whole systems of care to meet the range of needs of people who require care and those who care for others, by combining staff and resources to assemble packages of care, deliver a wider range of care within communities and supporting people to be cared for at home.

- ***Improving Health*** of people and communities through wider partnership working to identify the health and care needs of their communities, focus on health promoting activity; take action to improve well-being, life circumstances and lifestyles and to actively address health and care inequalities.

Given the emphasis on building effective, legally constituted partnership arrangements within the Public Bodies (Joint Working) (Scotland) Act, we have a window of opportunity to implement a step change in our partnership arrangements, by re-energising our collective ambition and building upon the strong investment in partnership working which already exists.

Our Integration Scheme sets out how we will organise for better outcomes in terms of adult health and social care by describing:

- ‘What’ functions our Integration Joint Board will oversee, direct and plan for better outcomes; and
- ‘How’ our Integration Joint Board will be organised to focus our collective efforts on better outcomes.

Integration Scheme

Between

PERTH AND KINROSS COUNCIL, established under the Local Government Etc. (Scotland) Act 1994, and having its principal offices at 2 High Street, Perth (“Perth and Kinross Council”)

And

TAYSIDE HEALTH BOARD, established under section 2(1) of the National Health Service (Scotland) Act 1978 (operating as “NHS Tayside”) and having its principal offices at Level 10, Ninewells Hospital, Dundee DD1 9SY (“NHS Tayside”)

1. Definitions and Interpretation

“The Act” means the Public Bodies (Joint Working) (Scotland) Act 2014;

“Integration Joint Board” means the Integration Joint Board to be established by Order under section 9 of the Act;

“Outcomes” means the Health and Wellbeing Outcomes prescribed by the Scottish Ministers in Regulations under section 5(1) of the Act;

“The Integration Scheme Regulations” means the Public Bodies (Joint Working) (Integration Scheme) (Scotland) Regulations 2014;

“Integration Joint Board Order” means the Public Bodies (Joint Working) (Proceedings, Membership and General Powers of Integration Joint Boards) (Scotland) Order 2014;

“Partners” means Perth and Kinross Council and NHS Tayside;

“Payment” means both the amounts paid to the Integration Joint Board by the Partners for inclusion in the Integration Joint Board budget, and the amounts to be paid by the Integration Joint Board to the Partners in terms of section 27 of the Act, and in neither case does a bank transaction require to be made;

“Scheme” means this Integration Scheme;

“Strategic Plan” means the plan which the Integration Joint Board is required to prepare and implement in relation to the delegated provision of health and social care services to adults in accordance with section 29 of the Act.

“Financial Officer” means the Proper Officer of the Integration Joint Board appointed by them under section 95 of the Local Government (Scotland) Act 1973

In implementation of their obligations under the Act, the Partners hereby agree as follows:

2 Integration Model

In accordance with section 1(2) of the Act, the Partners have agreed that the integration model set out in section 1(4)(a) of the Act will be put in place for Perth and Kinross, namely the delegation of functions by the Partners to a body corporate that is to be established by Order under section 9 of the Act. This Scheme comes into effect on the date the Parliamentary Order to establish the Integration Joint Board comes into force.

3 Local Governance Arrangements

3.1 Membership

Perth and Kinross Council will nominate 4 of its councillors to the Integration Joint Board and NHS Tayside will nominate 4 persons to the Integration Joint Board, to be voting members in terms of the Integration Joint Board Order.

3.2 Chairperson and Vice Chairperson

There will be a Chairperson and Vice Chairperson appointed in accordance with the Integration Joint Board Order.

The appointment period for both the Chairperson and Vice Chairperson will be [to be agreed] from the date on which the Integration Joint Board is established.

[Perth and Kinross Council/NHS Tayside] will appoint the Chairperson in the first appointing period. Thereafter the Chairperson will be appointed by each party on an alternating basis for each successive appointing period.

The party not appointing the Chairperson in any appointing period will appoint the Vice Chairperson.

3.3 Board Membership and Proceedings

In addition to the voting members specified in paragraph 3.1 above the Integration Joint Board will include the following non-voting members:

3.3.1 the Chief Officer

3.3.2 the Financial Officer

3.3.3 Perth and Kinross Council's Chief Social Work Officer;

3.3.4 a registered medical practitioner whose name is included in the list of primary medical services performers prepared by NHS Tayside

3.3.5 a registered nurse employed by NHS Tayside or by a person or body with which NHS Tayside has entered into a general medical services contract;

3.3.6 a registered medical practitioner employed by NHS Tayside and not providing primary medical services

Once established, the Integration Joint Board will also appoint at least one person from the following groups:

3.3.7 staff of the Partners engaged in the provision of services provided under the Scheme

3.3.8 third sector bodies carrying out activities related to health or social care in the Perth and Kinross area;

3.3.9 service users residing in the Perth and Kinross area;

3.3.10 persons providing unpaid care in the Perth and Kinross area;

The members appointed under this paragraph are non-voting members and may only remain a member for as long as they hold the office by virtue of which they are appointed.

The Integration Joint Board may from time to time appoint such additional non-voting members as it considers necessary and expedient for the effective discharge of its functions.

- 3.4 Further provisions in relation to the membership of the Integration Joint Board and the conduct of meetings will be set out in Standing Orders to be approved by the Integration Joint Board once it is established.

4 Delegation of Functions

4.1 The functions that are to be delegated by the Council to the Integration Joint Board are set out in Part 1 of Annex 2. The services to which these functions relate, which are currently provided by the Council and which are to be integrated, are set out in Part 2 of Annex 2.

4.2 The functions that are to be delegated by NHS Tayside to the Integration Joint Board are set out in Part 1 of Annex 1. The services to which these functions relate, which are currently provided by NHS Tayside and which are to be integrated, are set out in Part 2 of Annex 1.

5 Local Operational Delivery Arrangements

5.1 Operational role of the Integration Joint Board

The Integration Joint Board is responsible for the strategic planning of all functions and services delegated to it within the agreed scope of the partnership. The Integrated Joint Board is responsible for the delivery of outcomes and strategic priorities contained within the strategic plan.

The Strategic Plan will be prepared and consulted upon to ensure it meets the principles of integration and describes how it will deliver on strategic commissioning priorities to meet the health and care needs of the local population and evidence this against the national health and wellbeing outcomes.

The Chief Officer will provide regular Strategic Plan Performance Reports to the Integration Joint Board for members to scrutinise performance and impact against planned outcomes and commissioning priorities. This will culminate in the production of an annual performance report to the Board. The Strategic Plan Performance Report will also provide necessary information on the activity and resources that relate to the planned and actual use of services, including the consumption patterns of health and social care resources by locality. The information will provide the opportunity for the Integration Joint Board to plan for resources to be used flexibly, to provide services co-designed with local communities, for their benefit.

The Integration Joint Board will also provide the annual performance report to NHS Tayside and Perth and Kinross Council. The Integration Joint Board will carry out its delegated functions by commissioning services from the Partners through the issuing of Directions under section 26 of the Act. The Integration Joint Board and the Partners will agree the appropriate range of services in relation to delegated functions for which the Integration Joint Board and the Chief Officer will have responsibility for day to day management and operational delivery. The Integration Joint Board and the Partners will agree the management structure, staffing and resources for these arrangements.

The Integration Joint Board may agree with the Partners or another Integration Joint Board within the NHS Tayside area that operational delivery arrangements for delegated functions will be hosted by one of them. In those cases, the Partners, the Integration Joint Board and the other Integration Joint Boards within the NHS Tayside area will agree the operational delivery, management, monitoring and reporting arrangements.

The Integration Joint Board and Chief Officer will be responsible for the performance outcomes for those services operationally delivered by Partners or other Partnerships as described above.

5.2 Corporate Service Support

In order for the Integration Joint Board to both prepare the strategic plan and effectively carry out the integration functions, the Partners agree that technical, professional and administrative resources will require to be provided by them to the Integration Joint Board.

The Partners will identify the range of corporate resources currently used to deliver the integration functions. Thereafter the Partners will enter into an agreement with the Integration Joint Board which will set out the arrangements for the Integration Joint Board to access those services. The agreement will include

- review mechanisms to ensure that the range and level of support is adequate for the Integration Joint Board's needs; and
- a description of how these review mechanisms will be integrated into the Integration Joint Board's annual budget setting and review processes

5.3 Support for Strategic Planning

The Integration Joint Board will work with the Partners and with the Integration Joint Boards across Tayside to ensure that Strategic Plans are co-ordinated where appropriate.

5.4 Performance Monitoring

The Partners and the Integration Joint Board will establish a Performance Management Framework focused upon the delivery of the nine National Outcomes for Health & Social Care Integration. A 'Golden Thread' of

outcomes, indicators and targets will be further developed with clear linkages flowing from the National Outcomes through the Perth and Kinross Community Plan/Single Outcome Agreement 2013/23 to the Strategic Plan and into Locality Plans and the Partners' delivery plans for commissioned services.

The National Suite of Indicators will be utilised within the Performance Management Framework at the most appropriate level. Performance across the delegated functions will be reported to the Integrated Joint Board and the Partners on a regular basis and an Annual Performance Report published.

The Partners believe that real change and improvements in service delivery happen at a local and individual level. Therefore, an important component of the Performance Framework will be creating and nurturing ongoing engagement with local clinicians, staff and communities to inform service improvements and better outcomes.

Utilising analysis of resources consumption and performance information available at a local level, through such mechanisms as the Integrated Resource Framework, the Integration Joint Board will engage locally to identify and agree local improvement activity.

The Performance Management Framework will be further developed through workshops and discussions involving stakeholders at all levels and will be in place for the establishment of the Integrated Joint Board and agreement of the Strategic Plan.

6. Clinical and Care Governance

- 6.1 The Partners will collaborate to develop integrated care and clinical governance arrangements in relation to the integration functions. The Partners recognise that the establishment and continuous review of the arrangements for clinical and care governance are fundamental to delivering their ambitions.

The clinical and care governance arrangements described below will provide the Partners with the required assurance of the quality and safety of service delivered by its staff and staff of third and independent sector organisations commissioned to deliver services on behalf of the Partners.

6.2 Assurance to the Integrated Joint Board, Perth and Kinross Council and NHS Tayside in respect of the key areas of clinical and care governance will be achieved through explicit and effective lines of accountability. This accountability begins in the care setting. Clinical and care governance will be embedded at every user/clinical care/professional interface using the Framework identified below.

6.3 The Clinical and Care Governance Framework will encompass the following:

- Patient, Service User and other stakeholder experience of integrated service delivery and personal outcomes
- Workforce development and regulation
- Risk Management
- Research and Development
- Care and Clinical effectiveness
- Statutory and legal requirements
- Quality Assurance in commissioned services

6.4 The Partners will be responsible for embedding Clinical and Care Governance and quality improvement practice across all the services they manage as well as accounting for the quality of services delivered using the above Framework. Clinical and care governance oversight in respect of functions delegated to the Integration Joint Board will be through the Integration Joint Board's Clinical and Care Governance Group. This Group will bring together senior management and professional leadership from within the Partners and provide an effective overview of the Clinical and Care Governance Framework. This Group will provide regular reports to the Integration Joint Board.

- 6.5 The NHS Tayside Medical Director and Director of Nursing share accountability for Clinical Governance of NHS Services as a responsibility/function delegated from the NHS Tayside Chief Executive, while the Director of Public Health holds the delegated responsibility for Information Governance in NHS Tayside. These Officers will support the Chief Officer and the Integration Joint Board in the same manner that they support NHS Tayside.
- 6.6 The Chief Social Work Officer carries responsibility for ensuring that the delivery of Social Work and Social Care Services is conducted in accordance with all of the relevant legislative requirements and governance arrangements of Perth and Kinross Council. The Chief Social Work Officer will be a member of the Integrated Joint Board. The role will include providing assurance and professional advice on the quality of integrated functions delivered by social work staff under the direction of the Integration Joint Board. The Chief Social Work Officer reports directly to Perth and Kinross Council's Chief Executive and the full Council in respect of all social work matters. The Chief Social Work Officer will submit their statutory Annual Report to the Integration Joint Board as well as to Perth and Kinross Council.
- 6.7 The Clinical and Care Governance Group will inform and provide assurance in relation to clinical and care governance to the Integrated Joint Board and Perth and Kinross Council and NHS Tayside as required. The Integration Joint Board may also take advice from other appropriate professional forums and groups as outlined in Scottish Government Guidance.

7 Chief Officer

- 7.1 The Integration Joint Board will appoint a Chief Officer in accordance with section 10 of the Act. The Chief Officer is accountable to the Integration Joint Board for those functions delegated to it under the terms of this Scheme.

- 7.2 The Chief Officer will report to the Chief Executives of the Partners, or other appropriate senior officers agreed by the Partners.
- 7.3 The Chief Officer will be a substantive member of the Partners' relevant senior management teams. This will enable the Chief Officer to work with senior management of both Partners to carry out the functions of the Integration Joint Board.
- 7.5 A small senior team of the Partners' staff may report directly to the Chief Officer depending on operational delivery arrangements in place for particular functions delegated to the Integration Joint Board.
- 7.6 The Integration Joint Board and the Partners will agree suitable deputising arrangements for the Chief Officer in the event of planned or unplanned absences.

8 Workforce

- 8.1 The Partners are committed to ensuring staff have the necessary skills and knowledge to provide service users with the highest quality services.

It is recognised that those currently involved in health and social care service delivery are well placed to identify how improvements can be made and to determine how the Partners can work together to provide the best services with and for the people of Perth & Kinross. The Partners are committed to continuing to involve staff in improvements in integrated service delivery. The Partners' approach to joint workforce development will be dynamic and focus upon:

- Creating an environment where staff feel empowered to use their initiative, skills and talents to deliver better outcomes
- Recognising and valuing the contribution and talents of staff
- Continuing to provide clarity of leadership and direction

- Promoting the cultural conditions which will support innovation and improvements
- Recognising that relationships are critical to delivering outcomes

There will be a joint Workforce/Organisational Development Plan between the Partners including engagement, leadership and workforce development that will assist in the delivery of integrated services. The Plan will continue to be developed and reviewed in conjunction with stakeholders.

The first plan will be submitted to the Integrated Joint Board by December 2015.

- 8.2 The employment status of staff who are employed in relation to the functions delegated to the Integration Joint Board will not change. Staff will continue to be employed by their current employers and retain their current terms & conditions of employment and pension status (including adherence to corporate policies of their employing organisation).

Any future changes will be planned and coordinated, and will ensure consultation with those affected by the changes in accordance with established practices and procedures.

Existing Perth & Kinross Council and NHS Tayside professional/clinical supervision arrangements will continue.

9 Finance

- 9.1 **Financial management and reporting arrangements between the Integration Joint Board and NHS Tayside and/or Perth and Kinross Council.**

The Financial Officer of the Integration Joint Board will be accountable for the Annual Accounts, Financial Plan (including the Annual Financial Statement as

required under Section 39 of the Act) and providing financial advice to the Integration Joint Board.

Perth and Kinross Council will host the financial transactions of the Integration Joint Board. These transactions will cover payments made to the Integration Joint Board from the Partners and the Direction back to the Partners for commissioned services, cost of the Integration Joint Board, External Audit, and Chief Officer.

The Financial Officer will ensure financial reports are available to the Chief Officer and the Integration Joint Board. The frequency, form and content of reports will be agreed by the Partners and the Integration Joint Board.

The Integration Joint Board will have arrangements in place to exercise appropriate scrutiny and review in relation to governance and financial matters.

In the first instance, NHS Tayside's existing Internal Auditors will act as the Integration Joint Board's Internal Auditors. NHS Tayside Chief Internal Auditor will fulfil the role of Chief Internal Auditor of the Integration Joint Board. The Chief Internal Auditor will report to the Chief Officer and Integration Joint Board on the proposed annual audit plan, ongoing delivery of the plan, the outcome of each review and an annual report on delivery of the plan including audit opinion. The Integration Joint Board's annual Internal Audit report will be shared with the Partners for consideration through their respective reporting arrangements.

The Integration Joint Board's Internal Auditors will liaise with the Partners during the production of the annual audit plan. The Partners will give suitable and proportionate support to the Integration Joint Board's Internal Auditor to ensure delivery of an integrated audit approach.

9.2 The method for determining the resources to be made available by Perth and Kinross Council and/or NHS Tayside to the Integration Joint Board

This section sets out the method of determining (a) amounts to be paid by the Partners to the Integration Joint Board in respect of all of the functions delegated by them to the Integration Joint Board (other than those to which sub-paragraph (b) applies).

(i) Payment in the first year to the Integration Joint Board for delegated functions

Delegated baseline budgets for the first financial year will be subject to review by the Partners and comparison to actual expenditure in previous years together with any planned changes to ensure they are realistic, with an opportunity in the second year of operation to adjust to ensure any base line errors are corrected.

The annual budgets provided to the Integrated Joint Board will reflect the following unless otherwise noted or subsequently agreed for amendment by the Partners:-

- Staff – inclusion of all costs for delegated functions in relation to staff costs including pay, employer pension and national insurance costs, travel & subsistence, training;
- Supplies and Services – inclusion of all costs for delegated functions in relation supplies and services including printing, advertising, clinical supplies, material, clothing and external Partners for services provided;
- Third Party Payments - inclusion of all costs for delegated functions in relation to payments made to a third party for provision of a service on behalf of the Partners;
- Transfer payments – inclusion of all costs for delegated functions in relation to payments made to individuals for which no service is provided e.g. grants;
- V.A.T. – the budget allocations made will reflect the respective VAT status of the bodies.

- Income – inclusion of all income for delegated functions in relation to fees recovered from third Partners for provision of services on behalf of the Partners.
- Resource Transfer (NHS) – Inclusion of resource transfer monies allocated for delegated functions to the Integrated Joint Board.

There is an expectation that budgeted costs excluded initially will be included in future years within a timescale agreed by the Parties.

(ii) Payment in subsequent years to the Integration Joint board for delegated functions

In subsequent years, the Integration Joint Board will develop a case for the Integrated Budget based on the Strategic Plan and present it to the Partners for consideration as part of the annual budget setting process. The final payment into the Integration Joint Board by the Partners will be agreed by each Partner in accordance with their own budget setting process.

Following the first financial year the Integrated Joint Board will make annual budget submissions to the Partners, by dates to be agreed, and in the format reflected within their respective budget guidance. The budget submissions will be calculated with initial reference to the relevant year of the latest Strategic Plan agreed by the Integration Joint Board. It is anticipated that the Strategic Plan will outline as a minimum a 3 year Financial Statement, with the level of budget submissions to be acceptable to the Partners. In developing the budget submission, the Integration Joint Board will give consideration to the following potential areas of adjustment of the budget in light of actual or projected budget performance (where applicable for each Party):-

- Inflation – projected increases in pay and prices;
- Contractual obligations – staff increments, pension contributions, national insurance contributions;

- Legal requirements – legislative change which impacts upon the delivery of delegated services;
- Activity – costs changes arising from the variation in the number of clients.
- Efficiency or savings targets;
- Income – variation of charges or of client base;
- Savings and efficiency targets – the savings levels and efficiency targets required to be delivered by the Partners to address their respective budget setting requirements including consideration of the impact of the respective government grant settlements;
- Capital spend – the revenue consequences of any capital changes (where appropriate);
- Risk – explanation of any significant risks prevalent in the budget;
- Budget correction – adjustments necessary to reflect actual spend levels as compared with initial budgets set
- Reserves – the assumed use of Reserves built up by the Integration Joint Board
- The Partners' medium term financial plans

(b) amounts to be made available by NHS Tayside to the Integration Joint Board in respect of all of the functions delegated by NHS Tayside which are:

- carried out in a hospital in the area of the NHS Board and
- provided for the areas of two or more Councils.

Awaiting Integrated Resource Advisory Group Guidance for this section

9.3 **Financial management arrangements including budget variances**

In exceptional circumstances the Partners with the agreement of the Integration Joint Board may reduce the payment in-year to the Integration Joint Board. Exceptional circumstances will only be considered where the situation faced by the Partners could not have reasonably been foreseen at the time the Integration Joint budget for the year was agreed. This will include the impact on the Partners' budgeted resources of instances causing

significant risk to the organisation and the Partners. The Partners will develop further Protocols and guidance to further define the exceptional circumstances when reduction in the payment in-year may be permitted.

Prior to approaching the Integration Joint Board with a proposal to reduce in-year payments, the Partner seeking to reduce in-year payments must have explored other internal solutions to manage the circumstances giving rise to the proposal. Any proposal to reduce payments in-year must be agreed through by both the Integration Joint Board and the Partners.

The Integration Joint Board is required to maintain spending within the budget provided annually by the Partners. The Integration Joint Board will deliver the delegated functions within the total delegated resources and where there is a forecast overspend against an element of the operational budget the Integration Joint Board must agree a recovery plan to address this. In the first instance, this may include virement within the Integration Joint Board. Thereafter, any reserves held by the Integration Joint Board should be used in the first instance to address any overspend. In the event that an overspend is evident following the application of Reserves, the Integration Joint Board will be required to develop a revised Strategic Plan which can enable the overspend to be offset in future years which is acceptable and approved by the Partners.

In the remote circumstance that the recovery plan is unsuccessful and the Strategic Plans cannot be adjusted then the Partners will consider the following options to address the overspend:

- First 3 financial years of Integration Joint Board – the overspend will be met by the Partner to which the spending Direction for service delivery is given i.e. that Partner with operational responsibility;
- Future financial years of the Integration Joint Board – the overspend may be shared in the proportion to the spending Direction for each Partner for that financial year.

The basis of the revised payment by the Partners will be subject to ongoing review, with an expectation the overspend will be shared based on the spending Direction for each Partner for that financial year.

In the event that an underspend is evident within the Integration Joint Board's year end position, this will be retained by the Integration Joint Board as Reserves following agreement with the Partners.

The level of reserves held by the Integration Joint Board must also be considered as part of the annual budget negotiation process.

9.4 Asset Management and Capital

The Integration Joint Board will not hold any non-current assets. Capital and assets and the associated running costs will continue to be the responsibility of the Partners. The Integration Joint Board will require to develop a business case for any planned investment or change in use of assets for consideration by the Partners.

The Strategic Plan will provide the basis for the Integration Joint Board to present proposals to the Partners to influence capital budgets and prioritisation.

Following the 1st financial year, the Integration Joint Board will make annual capital budget requests to the Partners by 31 August in the format reflected within their respective budget guidance.

10 Participation and Engagement

10.1 The stakeholders who were consulted in the development of this Scheme were:

- [to be added once consultation completed]

The Partners consulted stakeholders in the following ways:

- [to be added once consultation completed]

10.2 The Partners will support the Integration Joint Board to develop and maintain a Participation and Engagement Strategy which will continue to build on the existing Strategy developed by the Partners to support the work of the Pathfinder Board. The strategy will be developed, supported and reviewed by a Steering Group with representatives from the Partners, the Third Sector and other stakeholders.

The Strategy will achieve the following objectives:

- To establish and/or develop meaningful dialogue between health and social care planning and communities, service users, carers and their representatives.
- To increase the involvement of all community stakeholders in the development of community profiling and planning.
- To deliver effective engagement that will help the Integration Joint Board meet the National Health and Wellbeing Outcomes.
- To support the capacity of all involved to take forward effective engagement
- To meet the integration delivery principles and make sure processes meet national standards, for example: CEL4; Informing, Consulting and Engaging, and the National Standards for Community Engagement.

The Strategy will

- seek to engage citizens, patients, service users, carers and professionals across all sectors
- facilitate a tailored approach to participation and engagement by supporting use of a variety of engagement and communication methods to target all sections of the community

- support engagement planning in localities, taking account of other engagement activity and other community plans

The Strategy will be in place by December 2015.

11 Information Sharing and data handling

- 11.1 The Partners agree to continue to be bound by the Scottish Accord on the Sharing of Personal Information (SASPI), to which the Partners are already signatories. Under the auspices of SASPI, further information sharing arrangements which may be required in connection with functions delegated to the Integration Joint Board will be developed and maintained in accordance with legislation. Such arrangements will be developed and reviewed through the existing Tayside Data Sharing Partnership.

[Timescales to be added]

12 Complaints

- 12.1 The Partners agree that there will be clear arrangements for complaints handling in respect of integrated functions and agree the following:
- Feedback, comments, concerns and complaints will be encouraged and welcomed as opportunities for ensuring provision of person-centred care. Feedback may be provided via a number of mechanisms either in writing or verbally and can be raised by patients, clients, or by members of the public. Complaints will be handled effectively and timeously, with the complaints procedure well publicised and accessible to all.
 - The following regulations will govern the handling of complaints for integrated functions:
 - Chief Executive Letter CEL 8(2012) - Guidance on Handling and Learning from Feedback, Comments, Concerns and Complaints about NHS Health Care Services

- Section 5B of the Social Work (Scotland) Act 1968
- Perth & Kinross Council's Complaints Procedure
- The Partners will develop Protocols to support collaboration in relation to investigation of complaints which relate to both health and social care service provision
- There will be a unified mechanism for the reporting of complaints to the Integration Joint Board.

13 Claims Handling, Liability & Indemnity

- 13.1 The Partners and the Integration Joint Board recognise that they could receive a claim arising from, or which relates to, the work undertaken as directed, and on behalf of, the Integration Joint Board.
- 13.2 The Partners and the Integration Joint Board will ensure that any such claims are progressed quickly and in a manner which is equitable between them.
- 13.3 So far as reasonably practical Scots Law (including common law and statutory rules) relating to liability will apply.
- 13.4 Each Partner will assume responsibility for progressing and determining any claim which relates to any act or omission on the part of one of their employees.
- 13.5 Each Partner will assume responsibility for progressing and determining any claim which relates to any building which is owned or occupied by them.
- 13.6 In the event of any claim against the Integration Joint Board or in respect of which it is not clear which party should assume responsibility then the Chief Executives of NHS Tayside, Perth and Kinross Council and the Chief Officer (or their representatives) will liaise and determine which party should assume responsibility for progressing the claim.

14 Risk Management

- 14.1 The Partners and the Integration Joint Board will develop a shared risk management strategy that sets out –
- The key risks with the establishment and implementation of the Integration Joint Board
 - An agreed risk monitoring framework
 - Any risks that should be reported on from the date of delegation of functions and resources
 - The frequency that risks should be reported on
 - The method for agreeing changes to the above requirements with the Integration Joint Board.
- 14.2 The risk management strategy will
- Identify, assess and prioritise risks related to the delivery of services under integration functions, particularly any which are likely to affect the Integration Joint Board's delivery of the Strategic Plan;
 - Identify and describe processes for mitigating those risks
 - Include an agreed reporting standard
- 14.3 The Partners are required to make resources available to support the Integration Joint Board in its risk management.

15 Dispute resolution mechanism

- 15.1 Where either of the Partners fails to agree with the other or with the Integration Joint Board on any issue related to this Scheme, then they may, in writing, invoke the following process:-

- 15.1.1 The Chief Executives of NHS Tayside, Perth and Kinross Council and the Chief Officer will meet to resolve the issue;

- 15.1.2 If unresolved, NHS Tayside, Perth and Kinross Council and the Integration Joint Board will each prepare a written note of their position on the issue and exchange it with the others;
- 15.1.3 In the event that the issue remains unresolved, representatives of NHS Tayside, Perth and Kinross Council and the Integration Joint Board will proceed to independent mediation with a view to resolving the issue.
- 15.1.4 Duly authorised representatives of NHS Tayside, Perth and Kinross Council and the Chief Officer will meet with a view to appointing a suitable person to act as mediator. If agreement cannot be reached then a referral will be made to the President of the Law Society of Scotland inviting the President to appoint a person to act as mediator. The mediation process shall be determined by the mediator appointed.
- 15.2 Where the issue remains unresolved after following the processes outlined in 15.1.1 to 15.1.4 above, the Partners agree that they will notify the Scottish Ministers that agreement cannot be reached. The notification will explain the nature of the dispute and the actions taken to try and resolve the dispute including any written opinion or recommendation issued by the mediator.

Part 1

Functions delegated by NHS Tayside to the Integration Joint Board

Set out below is the list of functions that must be delegated by the Health Board to the Integration Joint Board as set out in the Public Bodies (Joint Working) (Prescribed Health Board Functions) (Scotland) Regulations 2014. Further health functions can be delegated as long as they fall within the functions set out in Schedule One of the same instrument;

SCHEDULE 1 Regulation 3

Functions prescribed for the purposes of section 1(8) of the Act

<i>Column A</i>	<i>Column B</i>
The National Health Service (Scotland) Act 1978	
All functions of Health Boards conferred by, or by virtue of, the National Health Service (Scotland) Act 1978	Except functions conferred by or by virtue of— section 2(7) (Health Boards); section 2CA ⁽¹⁾ (Functions of Health Boards outside Scotland); section 9 (local consultative committees); section 17A (NHS Contracts); section 17C (personal medical or dental services); section 17I ⁽²⁾ (use of accommodation); section 17J (Health Boards' power to enter into general medical services contracts); section 28A (remuneration for Part II services); section 38 ⁽³⁾ (care of mothers and young children); section 38A ⁽⁴⁾ (breastfeeding);

⁽¹⁾ Section 2CA was inserted by S.S.I. 2010/283, regulation 3(2).

⁽²⁾ Section 17I was inserted by the National Health Service (Primary Care) Act 1997 (c.46), Schedule 2 and amended by the Primary Medical Services (Scotland) Act 2004 (asp 1), section 4. The functions of the Scottish Ministers under section 17I are conferred on Health Boards by virtue of S.I. 1991/570, as amended by S.S.I. 2006/132.

⁽³⁾ The functions of the Secretary of State under section 38 are conferred on Health Boards by virtue of S.I. 1991/570.

⁽⁴⁾ Section 38A was inserted by the Breastfeeding etc (Scotland) Act 2005 (asp 1), section 4. The functions of the Scottish Ministers under section 38A are conferred on Health Boards by virtue of S.I. 1991/570 as amended by S.S.I. 2006/132.

section 39⁽⁵⁾ (medical and dental inspection, supervision and treatment of pupils and young persons);

section 48 (provision of residential and practice accommodation);

section 55⁽⁶⁾ (hospital accommodation on part payment);

section 57 (accommodation and services for private patients);

section 64 (permission for use of facilities in private practice);

section 75A⁽⁷⁾ (remission and repayment of charges and payment of travelling expenses);

section 75B⁽⁸⁾ (reimbursement of the cost of services provided in another EEA state);

section 75BA⁽⁹⁾ (reimbursement of the cost of services provided in another EEA state where expenditure is incurred on or after 25 October 2013);

section 79 (purchase of land and moveable property);

section 82⁽¹⁰⁾ (use and administration of certain endowments and other property held by Health Boards);

section 83⁽¹¹⁾ (power of Health Boards and local health councils to hold property on trust);

section 84A⁽¹²⁾ (power to raise money, etc., by appeals, collections etc.);

⁽⁵⁾ Section 39 was relevantly amended by the Self Governing Schools etc (Scotland) Act 1989 (c.39) Schedule 11; the Health and Medicines Act 1988 (c.49) section 10 and Schedule 3 and the Standards in Scotland's Schools Act 2000 (asp 6), schedule 3.

⁽⁶⁾ Section 55 was amended by the Health and Medicines Act 1988 (c.49), section 7(9) and Schedule 3 and the National Health Service and Community Care Act 1990 (c.19), Schedule 9. The functions of the Secretary of State under section 55 are conferred on Health Boards by virtue of S.I. 1991/570.

⁽⁷⁾ Section 75A was inserted by the Social Security Act 1988 (c.7), section 14, and relevantly amended by S.S.I. 2010/283. The functions of the Scottish Ministers in respect of the payment of expenses under section 75A are conferred on Health Boards by S.S.I. 1991/570.

⁽⁸⁾ Section 75B was inserted by S.S.I. 2010/283, regulation 3(3) and amended by S.S.I. 2013/177.

⁽⁹⁾ Section 75BA was inserted by S.S.I. 2013/292, regulation 8(4).

⁽¹⁰⁾ Section 82 was amended by the Public Appointments and Public Bodies etc. (Scotland) Act 2003 (asp 7) section 1(2) and the National Health Service Reform (Scotland) Act 2004 (asp 7), schedule 2.

⁽¹¹⁾ There are amendments to section 83 not relevant to the exercise of a Health Board's functions under that section.

⁽¹²⁾ Section 84A was inserted by the Health Services Act 1980 (c.53), section 5(2). There are no amendments to section 84A which are relevant to the exercise of a Health Board's functions.

section 86 (accounts of Health Boards and the Agency);

section 88 (payment of allowances and remuneration to members of certain bodies connected with the health services);

section 98 ⁽¹³⁾ (charges in respect of non-residents); and

paragraphs 4, 5, 11A and 13 of Schedule 1 to the Act (Health Boards);

and functions conferred by—

The National Health Service (Charges to Overseas Visitors) (Scotland) Regulations 1989 ⁽¹⁴⁾;

The Health Boards (Membership and Procedure) (Scotland) Regulations 2001/302;
The National Health Service (Clinical Negligence and Other Risks Indemnity Scheme) (Scotland) Regulations 2000/54;

The National Health Services (Primary Medical Services Performers Lists) (Scotland) Regulations 2004/114;

The National Health Service (Primary Medical Services Section 17C Agreements) (Scotland) Regulations 2004;

The National Health Service (Discipline Committees) Regulations 2006/330;

The National Health Service (General Ophthalmic Services) (Scotland) Regulations 2006/135;

The National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009/183;

The National Health Service (General Dental Services) (Scotland) Regulations 2010/205; and

The National Health Service (Free Prescription and Charges for Drugs and Appliances) (Scotland) Regulations 2011/55⁽¹⁵⁾.

Disabled Persons (Services, Consultation and Representation) Act 1986

⁽¹³⁾ Section 98 was amended by the Health and Medicines Act 1988 (c.49), section 7. The functions of the Secretary of State under section 98 in respect of the making, recovering, determination and calculation of charges in accordance with regulations made under that section is conferred on Health Boards by virtue of S.S.I. 1991/570.

⁽¹⁴⁾ S.I. 1989/364, as amended by S.I. 1992/411; S.I. 1994/1770; S.S.I. 2004/369; S.S.I. 2005/455; S.S.I. 2005/572 S.S.I. 2006/141; S.S.I. 2008/290; S.S.I. 2011/25 and S.S.I. 2013/177.

⁽¹⁵⁾ S.S.I. 2011/55, to which there are amendments not relevant to the exercise of a Health Board's functions.

Section 7
(Persons discharged from hospital)

Community Care and Health (Scotland) Act 2002

All functions of Health Boards conferred by, or by virtue of, the Community Care and Health (Scotland) Act 2002.

Mental Health (Care and Treatment) (Scotland) Act 2003

All functions of Health Boards conferred by, or by virtue of, the Mental Health (Care and Treatment) (Scotland) Act 2003.

Except functions conferred by—

section 22 (Approved medical practitioners);

section 34 (Inquiries under section 33: co-operation)⁽¹⁶⁾;

section 38 (Duties on hospital managers: examination notification etc.)⁽¹⁷⁾;

section 46 (Hospital managers' duties: notification)⁽¹⁸⁾;

section 124 (Transfer to other hospital);

section 228 (Request for assessment of needs: duty on local authorities and Health Boards);

section 230 (Appointment of a patient's responsible medical officer);

section 260 (Provision of information to patients);

section 264 (Detention in conditions of excessive security: state hospitals);

section 267 (Orders under sections 264 to 266: recall);

section 281⁽¹⁹⁾ (Correspondence of certain persons detained in hospital);

and functions conferred by—

⁽¹⁶⁾ There are amendments to section 34 not relevant to the exercise of a Health Board's functions under that section.

⁽¹⁷⁾ Section 329(1) of the Mental Health (Care and Treatment) (Scotland) Act 2003 provides a definition of "managers" relevant to the functions of Health Boards under that Act.

⁽¹⁸⁾ Section 46 is amended by S.S.I. 2005/465.

⁽¹⁹⁾ Section 281 is amended by S.S.I. 2011/211.

The Mental Health (Safety and Security) (Scotland) Regulations 2005⁽²⁰⁾;

The Mental Health (Cross Border transfer: patients subject to detention requirement or otherwise in hospital) (Scotland) Regulations 2005⁽²¹⁾;

The Mental Health (Use of Telephones) (Scotland) Regulations 2005⁽²²⁾; and

The Mental Health (England and Wales Cross border transfer: patients subject to detention requirement or otherwise in hospital) (Scotland) Regulations 2008⁽²³⁾.

Education (Additional Support for Learning) (Scotland) Act 2004

Section 23

(other agencies etc. to help in exercise of functions under this Act)

Public Services Reform (Scotland) Act 2010

All functions of Health Boards conferred by, or by virtue of, the Public Services Reform (Scotland) Act 2010

Except functions conferred by—

section 31 (Public functions: duties to provide information on certain expenditure etc.); and

section 32 (Public functions: duty to provide information on exercise of functions).

Patient Rights (Scotland) Act 2011

All functions of Health Boards conferred by, or by virtue of, the Patient Rights (Scotland) Act 2011

Except functions conferred by The Patient Rights (Complaints Procedure and Consequential Provisions) (Scotland) Regulations 2012/36⁽²⁴⁾.

⁽²⁰⁾ S.S.I. 2005/464, to which there are amendments not relevant to the exercise of the functions of a Health Board. Section 329(1) of the Mental Health (Care and Treatment) (Scotland) Act 2003 provides a definition of “managers” relevant to the functions of Health Boards.

⁽²¹⁾ S.S.I. 2005/467. Section 329(1) of the Mental Health (Care and Treatment) (Scotland) Act 2003 provides a definition of “managers” relevant to the functions of Health Boards.

⁽²²⁾ S.S.I. 2005/468. Section 329(1) of the Mental Health (Care and Treatment) (Scotland) Act 2003 provides a definition of “managers” relevant to the functions of Health Boards.

⁽²³⁾ S.S.I. 2008/356. Section 329(1) of the Mental Health (Care and Treatment) (Scotland) Act 2003 provides a definition of “managers” relevant to the functions of Health Boards.

⁽²⁴⁾ S.S.I. 2012/36. Section 5(2) of the Patient Rights (Scotland) Act 2011 (asp 5) provides a definition of “relevant NHS body” relevant to the exercise of a Health Board’s functions.

Part 2

Services currently provided by NHS Tayside which are to be integrated

- Accident and emergency services provided in a hospital
- Inpatient hospital services relating to the following branches of medicine—
 - (i) general medicine
 - (ii) geriatric medicine
 - (iii) rehabilitation medicine
 - (iv) respiratory medicine
 - (v) psychiatry of learning disability
- Palliative care services provided in a hospital
- Inpatient hospital services provided by general medical practitioners
- Services provided in a hospital in relation to an addiction or dependence on any substance
- Mental health services provided in a hospital, except secure forensic mental health services.
- District nursing services
- Services provided outwith a hospital in relation to an addiction or dependence on any substance.
- Services provided by allied health professionals in an outpatient department, clinic, or outwith a hospital.
- The public dental service.
- Primary medical services provided under a general medical services contract, and arrangements for the provision of services made under section 17C of the National Health Service (Scotland) Act 1978, or an arrangement made in pursuance of section 2C(2) of the National Health Service (Scotland) Act 1978.
- General dental services provided under arrangements made in pursuance of section 25 of the National Health (Scotland) Act 1978.
- Ophthalmic services provided under arrangements made in pursuance of section 17AA or section 26 of the National Health Service (Scotland) Act 1978.
- Pharmaceutical services and additional pharmaceutical services provided under arrangements made in pursuance of sections 27 and 27A of the National Health Service (Scotland) Act 1978

- Services providing primary medical services to patients during the out-of-hours period
- Services provided outwith a hospital in relation to geriatric medicine
- Palliative care services provided outwith a hospital.
- Community learning disability services.
- Mental health services provided outwith a hospital.
- Continence services provided outwith a hospital.
- Kidney dialysis services provided outwith a hospital.
- Services provided by health professionals that aim to promote public health.

- District Nursing services
- Community Physiotherapy & OT services
- Community Hospitals
- Psychiatry of Old Age Services
- Community Medicine for the Elderly
- Stroke Rehabilitation services
- Intermediate Care services
- Community Palliative Care services
- Anti-Coagulation services
- FHS Prescribing
- Funds for developing primary care
- Resource Transfer, including Voluntary services
- General Adult Psychiatry - In-Patient
- General Adult Psychiatry – Crisis Response
- General Adult Psychiatry - Community Mental Health teams
- Learning Disability – Community Services
- Substance Misuse - Community Services

- Community Dietetics, Podiatry, Speech & Language Therapy services
- Locality Pharmacy service
- Brain Injury/ Neurological Rehabilitation service
- Specialist Palliative Care service
- Prisoner Healthcare service
- Sexual & Reproductive Health services
- Continence service
- Community Health Promotion e.g. Keep Well/Equally Well
- Volunteers
- Tayside Healthcare Arts Trust
- General Adult Psychiatry – Rehabilitation – In-Patient
- General Adult Psychiatry – Intensive Psychiatric Care Unit – In-Patient
- Clinical Psychology Service
- Psychotherapy
- Eating Disorders Service
- Learning Disability – In-Patient
- Substance Misuse - In-Patient

Annex 2

Part 1

Functions delegated by Perth and Kinross Council to the Integration Joint Board

Perth and Kinross Council will delegate the undernoted functions to the Integration Joint Board:

The functions set out in the Public Bodies (Joint Working) (Prescribed Local Authority Functions etc.) (Scotland) Order 2014

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Part 2

Services currently provided by Perth and Kinross Council which are to be integrated

Perth & Kinross Council – Proposed functions to be delegated

Function	Services
Social work services for adults with physical disability and older people.	<ul style="list-style-type: none"> • Residential care homes – Local Authority • Placement budget – Commissioned residential / nursing care home placements • Home Care – Internal and External services • Locality Fieldwork Teams • Hospital Discharge Team • Occupational Therapy including Aids / Adaptations, JELS and Telecare/Community Alarm • Reviewing Officers • Day Opportunities – Internal and External • Reablement • Rapid Response Service • Immediate Discharge Service • Frozen Meals Service • Adult Care Respite Budget • Sensory Impairment – Commissioned
Assessment Services	<ul style="list-style-type: none"> • Fieldwork Teams • Access Team • Occupational Therapy • Home Care
Intake Services	<ul style="list-style-type: none"> • Access Team
Services and support for adults with learning disabilities.	<ul style="list-style-type: none"> • Learning Disability Fieldwork Team • Local Authority Day Opportunities • Supported Living Team • Employability Team • Learning Disability Commissioned Services • Learning Disability Respite Budget
Mental Health Services	<ul style="list-style-type: none"> • Community Mental Health Teams – Social Work • Choose Life Budget • Mental Health Respite Budget • Mental Health Commissioned Services • Wellbeing Support Team
Drug and Alcohol Services	<ul style="list-style-type: none"> • Drug and Alcohol Fieldwork Team • ADP Commissioned Services
Adult Protection and Domestic	<ul style="list-style-type: none"> • Domestic Abuse Commissioned Services

Abuse	<ul style="list-style-type: none"> • Inter-Agency Adult Protection co-ordination and support
Carers Support Services	<ul style="list-style-type: none"> • Carer Strategy Development • Carer Support Commissioned Services
Health Improvement Services	<ul style="list-style-type: none"> • Health Improvement Strategic support
Housing Support	<ul style="list-style-type: none"> • Support to those with Community Care needs • Aids and adaptations

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Annex 3

Hosted Services

Where a Health Board spans more than one Integration Joint Board, one of them might manage a service on behalf of the other(s). This Annex will set out those arrangements which the Partners wish to put in place. Such arrangements are subject to the approval of the Integration Joint Board but will not be subject to Ministerial approval.

This would include –

The hosting of services by one Integration Authority on behalf of others within the same Health Board areas

The hosting of services by on Health Board on behalf of one or more Integration Authority

Additional duties or responsibilities of the Chief Officer

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