

PERTH AND KINROSS

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 efforts in the 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 Enhanced Care Support and 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 or 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 people who use those services.
5. Health and social care services contribute to reducing health inequalities.
6. People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and well-being.
7. People using health and social care services are safe from harm.
8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
9. Resources are used effectively and efficiently in the provision of health and social care services.

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;

“Acute Services” means those services set out in Part 2 of Annex 1 to the Scheme which are delivered within Ninewells Hospital and Perth Royal Infirmary, except medicine for the elderly services delivered at Perth Royal Infirmary (for which the Integration joint Board will have operational delivery responsibility);

“Direction” means a direction issued under section 26 of the Act;

“Chief Officer” means the Chief Officer of the Integration Joint Board appointed by the Integration Joint Board in accordance with Section 10 of the Act

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

“Integrated Functions” means those functions and services delegated to the Integration Joint Board by virtue of this Scheme;

“Integration Joint Board” means the Integration Joint Board to be established by Order under section 9 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) (Integration Joint Boards) (Scotland) Order 2014;

“Large Hospitals” means those hospitals which fall within the definition set out in section 1(14) of the Act;

“Lead Partnership” means the Integration Joint Board that manages services on behalf of the other Integration Joint Boards in the NHS Tayside Health Board area;

“NHS Tayside and Tayside Integration Joint Boards’ Collaborative“ means the group that includes Chief Officers of the Integration Joint Boards in Tayside and the NHS Tayside Acute Hospital Director, who will co-operate to prepare the joint performance framework and reporting cycle to ensure performance is maintained and improved in line with the Strategic Plan of the Integration Joint Board and, as appropriate, neighbouring Integration Joint Boards;

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

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

“Payment” means the amounts to be paid by the Integration Joint Board to the Partners in terms of section 27 of the Act;

“Perth and Kinross” means the local government area of Perth and Kinross as defined in the Local Government Etc (Scotland) Act 1994;

“Requisition” means the financial resources that each of the Partners makes available to the Integration Joint Board in order to deliver the integrated functions;

“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 in accordance with section 29 of the Act.

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

2 Integration Model

In accordance with section 2(3) 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 NHS Tayside Board members to the Integration Joint Board, to be voting members in terms of the Integration Joint Board Order.

3.2 Chair and Vice Chair

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

The first Chair of the Integration Joint Board will be a voting member nominated by one of the Partners. The Partner which has **not** nominated the Chair will nominate the Vice Chair. The first Chair and the first Vice Chair will hold office for a period of two years from the date of establishment of the Integration Joint Board. At the end of the period of two years the Partner that previously nominated the Chairperson will nominate the Vice Chair and the Partner that previously nominated the Vice Chair will nominate the Chairperson. Thereafter, the Partners will continue to nominate the Chair and Vice Chair on this rotating basis. The appointment period will be two years.

The first Chair will be nominated by Perth and Kinross Council and the Vice Chair will be nominated by NHS Tayside.

4 Delegation of Functions

4.1 The functions that are to be delegated by Perth and Kinross 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 Perth and Kinross 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. The functions in Part 1 of Annex 1 are being delegated only to the extent they relate to services listed in Part 2 of Annex 1. Except where expressly stated in Part 3 of Annex 1, the functions and services specified are only to be delegated in respect of persons over the age of 18.

5 Local Operational Delivery Arrangements

5.1 Operational role of the Integration Joint Board

The Integration Joint Board has the responsibility for the planning of services and is required by section 29 of the Act to prepare a Strategic Plan. The Strategic Plan must set out the arrangements for carrying out the Integrated Functions and how these arrangements are intended to achieve or contribute to achieving the Outcomes.

The Integration Joint Board is responsible for operational governance and oversight of Integrated Functions and, through the Chief Officer, is responsible for the operational management of Integrated Functions excluding Acute Services. The Integration Joint Board will direct the Parties to deliver these functions in accordance with the Strategic Plan.

The Integration Joint Board will be responsible for the planning of Acute Services that are delegated but NHS Tayside will be responsible for the operational oversight of Acute Services and through the Acute Hospital Director, will be responsible for the operational management of Acute Services. NHS Tayside will provide information on a regular basis to the Chief

Officer and the Integration Joint Board on the operational delivery of these Services. Section 7 of this Integration Scheme provides further information on how the Chief Officer, on behalf of the Integration Joint Board, will carry out the operational governance and oversight of Acute Services and the relationship between the Acute Hospital Director and the Chief Officer.

Where an Integration Joint Board is also the lead partnership in relation to a hosted service within Tayside as set out in Annex 1 part 4 the Partners will recommend to the Integration Joint Board that the lead partnership:

- is responsible for the strategic planning and operational budget of the hosted service(s);
- is responsible for the operational oversight of such service(s); and
- through its Chief Officer will be responsible for the operational delivery of the hosted service(s) on behalf of all the Integration Joint Boards within NHS Tayside Health Board area.

All relevant resources at the disposal of the Partners, which relate to the hosted services will be delegated to the Integration Joint Board. These resources will be managed by the lead partnership to ensure that the arrangements for carrying out the Integrated Functions, as set out in the Strategic Plan, are implemented in full.

Information will be provided by the Partners, to the Integration Joint Board setting out the arrangements they have made to ensure that the objectives in the Strategic Plan will be achieved. If it is considered by the Integration Joint Board that any of the arrangements made by either of the Partners are not sufficient, the Chief Officer will bring this to the attention of the Partner in question, in writing, with details of any further action which the Integration Joint Board considers should be taken.

If the Integration Joint Board proposes to take a significant decision about the arrangements for the carrying out of the Integrated Functions, and intends the decision to take effect other than by revising the Strategic Plan, the Integration

Joint Board will seek and take account of the views of the Perth and Kinross Strategic Planning Group and take such action as it thinks fit having consulted with the service users for whom the service is being or may be provided.

The Integration Joint Board will review the effectiveness of the Strategic Plan within agreed timescales and not exceeding a period of three years. If it appears that the Strategic Plan is preventing, or is likely to prevent, the carrying out any of the Integrated Functions appropriately or, in a way which fails to comply with the integration delivery principles or fails to contribute to achieving the Outcomes, the Partners acting jointly may direct the Integration Joint Board to prepare a replacement Strategic Plan.

The Integration Joint Board will routinely receive from the Chief Officer for agreement and approval, as relevant, of the reports noted below. The Integration Joint Board will act on these reports and may adjust Directions to the Partners as a result, in line with the Strategic Plan.

- An annual work plan setting out the key objectives for the year against the delivery of the Strategic Plan
- Finance reports including:
 - regular operational reports
 - annual budget setting recommendations
 - transitional funding reports
- Performance reports including:
 - performance against the Outcomes
 - regulation and scrutiny activity
 - adult protection performance
- Clinical & care governance reports to be assured of the delivery of safe and effective services
- Engagement and community co-production reports from each of the Locality Leadership teams
- Staff governance and workforce planning reports
- Improvement plans and reports

- Risk management reports.

This list is inclusive but not exhaustive.

5.2 Corporate Service Support

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

The Partners currently provide corporate services which are used to support the delivery of the Integrated Functions. The Partners will carry out a mapping exercise to identify

- all corporate services which the Partners currently have in place to support the delivery of the integrated functions; and
- what additional corporate services may be required to support the Integration Joint Board.

Thereafter the Partners will agree with the Integration Joint Board the arrangements for the Integration Joint Board to access those services.

The Partners and the Integration Joint Board will also agree

- 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

In accordance with section 30(3) of the Act the Integration Joint Board is required to consult with the other Tayside Integration Joint Boards to ensure that Strategic Plans are appropriately coordinated for the delivery of Integrated Functions across the Tayside area. There will be an overarching

Strategic Plan for Acute Services that is a consolidation of the Integration Joint Boards' Strategic Plans. This will be coordinated and held by NHS Tayside.

NHS Tayside will consult with the Tayside Integration Joint Boards to ensure that the overarching Strategic Plan for Acute Services and a plan setting out the capacity and resource levels required for the set aside budget for such Acute Services is appropriately coordinated with the delivery of services across the Tayside area. The Partners shall ensure that NHS Tayside and Tayside Integration Joint Boards' Collaborative will meet regularly to discuss such issues.

NHS Tayside will provide the necessary activity and financial data for services, facilities or resources that relate to the planned use of services, provided by other Health Boards, by people who live within Perth and Kinross.

Perth and Kinross Council will provide the necessary activity and financial data for services, facilities or resources that relate to the planned use of services within other local authority areas by people who live within Perth and Kinross.

The Integration Joint Board will share the necessary activity and financial data for services facilities or resources that relate to the planned use by the residents of Perth and Kinross.

The Partners agree to use all reasonable endeavours to ensure that the other Tayside Integration Joint Boards and any other relevant Integration Joint Board will share the necessary activity and financial data for services, facilities and resources that relate to the planned use of resources by residents in their Integration Joint Board area.

The Partners commit to advise the Integration Joint Board where they intend to change service provision that will have a resultant impact on the Strategic Plan.

5.4 Performance Monitoring

The Partners and the Integration Joint Board will establish a Performance Management Framework focused upon the delivery of the Outcomes for Health & Social Care Integration. A framework 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 performance framework will contain the lists of targets and measures that relate to the Integrated functions for which responsibility will transfer in full or part. The performance framework will also contain a list of targets and measures, which relate to the non-integrated functions of the partners that will have to be taken into account by the Integration Joint Board when preparing their Strategic Plan. The performance framework and the reporting cycle will be approved within three months of the establishment of the Integration Joint Board to ensure that performance is maintained and improved in line with the Strategic Plan.

The Integration Joint Board will publish an annual performance report setting out an assessment of performance, during the reporting year to which the report relates, in planning and carrying out the Integrated Functions.

6 Clinical and Care Governance and Professional Governance

- 6.1 The Partners recognise that the establishment and continuous review of the arrangements for Clinical and Care Governance and Professional Governance are essential in delivering their obligations and quality ambitions. The arrangements described in this section are designed to assure the Integration Joint Board of the quality and safety of service delivered.

- 6.2 Explicit lines of professional and operational accountability are essential to assure the Integration Joint Board and the Partners of the robustness of governance arrangements for their duties under the Act. They underpin delivery of safe, effective and person centred care in all care settings delivered by the Partners' employees and the third and independent sectors.
- 6.3 NHS Tayside Board is accountable for Clinical and Care Governance in relation to services provided by NHS Tayside. Professional governance responsibilities are carried out by the professional leads through to the health professional regulatory bodies.
- 6.4 The Chief Social Work Officer in Perth and Kinross holds professional accountability for social work and social care services provided by Perth and Kinross Council. The Chief Social Work Officer reports directly to the Chief Executive and elected members of Perth and Kinross Council in respect of professional social work matters. The Chief Social Work Officer is responsible for ensuring that social work and social care services are delivered in accordance with relevant legislation and that staff delivering such services do so in accordance with the requirements of the Scottish Social Services Council.
- 6.5 Principles of Clinical and Care Governance and Professional Governance will be embedded at the service user/clinical care/professional interface using the framework outlined below. The Integration Joint Board will ensure that explicit arrangements are made for professional supervision, learning, support and continuous improvement for all staff.
- 6.6 The Integration Joint Board will ensure that there is evidence of effective information systems and that relevant professional and service user networks or groups will feed into the agreed Clinical and Care Governance and Professional Governance framework.
- 6.7 The Clinical and Care Governance and Professional Governance framework will encompass the following:

- Information governance;
- Professional regulation and workforce development;
- Patient/service user/carer and staff safety;
- Patient/service user/carer and staff experience;
- Regulation, quality and effectiveness of care;
- Promotion of equality and social justice.

6.8 Each of these domains will be underpinned by mechanisms to measure quality, clinical and service effectiveness and sustainability. They will be compliant with statutory, legal and policy obligations strongly underpinned by human rights values and social justice. Service delivery will be evidence-based, underpinned by robust mechanisms to integrate professional education, research and development.

6.9 The Integration Joint Board is responsible for embedding mechanisms for continuous improvement of all services through application of a Clinical and Care Governance and Professional Governance Framework. The Integration Joint Board will be responsible for ensuring effective mechanisms for service user and carer feedback and for complaints handling as laid out in sections 10 and 12.

6.10 NHS Tayside Executive Medical and Nursing Directors share accountability for Clinical and Professional Governance across NHS Tayside as a duty delegated by NHS Tayside.

6.11 The NHS Tayside appointed Medical Practitioner whose name is included in the list of primary medical services performers prepared by NHS Tayside in accordance with Regulations made under section 17P of the National Health Service (Scotland) Act 1978, or their depute, will provide professional advice to the Chief Officer and the Integration Joint Board in respect of the overview and consistency of the Clinical and Care Governance and Professional Governance Framework.

- 6.12 A registered nurse who is employed by NHS Tayside or by a person or body with which NHS Tayside has entered into a general medical services contract, or their depute, will provide professional advice to the Chief Officer and the Integration Joint Board in respect of the overview and consistency of the Clinical and Care Governance and Professional Governance Framework.
- 6.13 A registered medical practitioner employed by NHS Tayside and not providing primary medical services, or their depute, will provide professional advice to the Chief Officer and the Integration Joint Board in respect of the overview and consistency of the Clinical and Care Governance and Professional Governance Framework.
- 6.14 The Chief Social Work Officer, through delegated authority holds professional and operational accountability for the delivery of safe and innovative social work and social care services within Perth and Kinross Council. The Chief Social Work Officer will provide professional advice to the Chief Officer and Integrated Joint Board in respect of the delivery of social work and social care services by Perth and Kinross Council staff and commissioned care providers in Perth and Kinross.
- 6.15 The Chief Officer will have in place management structures that ensure accountability and responsibility for professional, clinical and care governance.
- 6.16 Annex 3 provides details of the Clinical and Care Governance structure as it relates to the Integration Joint Board and the Partners. This includes details of how the Area Clinical Forum, Managed Care networks, Local Medical Committees, other appropriate professional groups and the Public Protection Committee are able to provide advice directly to the Tayside Joint Forum.
- 6.17 The Tayside Joint Forum (R1) bringing together senior professional leaders across Tayside, including Medical Director, Nurse Director, Chief Social Work Officers, and the Director of Public Health, will be established. This group, chaired by one of its members, will oversee professional standards of care

and practice to ensure the delivery of safe and effective person-centred care within Tayside in line with national and local outcomes. A Local Joint Forum (R2) will reflect the professional membership of R1 but with additional representatives of third sector organisations and other local structures. The Local Joint Forum (R2) will provide oversight, advice, guidance and assurance to the Chief Officer and the Integration Joint Board in respect of clinical care and professional governance for health and social care services. The interaction between the Local and Tayside Joint Fora (R1 and R2) within NHS Tayside and Perth and Kinross Council is set out at Annex 3.

6.18 An Operational and Professional Forum, for Perth and Kinross, consisting of a range of professionals and managers will be established within 3 months of the establishment of the Integration Joint Board. This group will provide oversight, advice, guidance and assurance to the Chief Officer and the Integration Joint Board on issues relevant to the population of Perth and Kinross.

6.19 The role of the Tayside Clinical and Care Governance and Professional Governance group and sub groups will be to consider matters relating to:

- Strategic Plan development;
- Governance;
- Risk management;
- Service user feedback and complaints;
- Standards;
- Education;
- Learning;
- Continuous improvement;
- Inspection activity.

6.20 The Tayside Clinical and Care Governance and Professional Governance Joint Forum and the Local Joint Forum will provide assurance to the Integration Joint Board. Information will be used to provide oversight and guidance to the Perth and Kinross Strategic Planning Group in respect of

Clinical and Care Governance and Professional Governance, for the delivery of health and social care services across the localities identified in their Strategic Plan.

- 6.21 The Perth and Kinross Strategic Planning Group will have representatives of localities in Perth and Kinross and will be responsible for ensuring locality plans are in place. The Clinical and Care Governance and Professional Governance group will provide advice to the Strategic Planning group and localities for the purposes of locality planning.

7 Chief Officer

The Integration Joint Board will appoint a Chief Officer in accordance with section 10 of the Act. The arrangements in relation to the Chief Officer agreed by the Partners are:

- 7.1 At the request of the Integration Joint Board, the Chief Executives of the Partners jointly agree that a member of the senior management team of either Perth and Kinross Council or NHS Tayside, who is an employee of either Perth and Kinross Council or NHS Tayside respectively, will be designated as the Depute Chief Officer. This Depute Chief Officer will carry out the functions of the Chief Officer in the event of the Chief Officer being absent or otherwise unable to carry out their functions for a period exceeding two weeks.
- 7.2 The Partners agree that the Chief Officer will be responsible for the operational management and performance of Integrated Functions, except Acute Services. The Chief Officer will have oversight of delegated Acute Services. The Chief Officer will report directly to the Chief Executive of Perth and Kinross Council and the Chief Executive of NHS Tayside. Joint performance review meetings, for ensuring improvement and effective operational delivery, involving both Chief Executives and the Chief Officer will take place on a regular basis and at a minimum quarterly.

7.3 The Acute Hospital Director will be a single point of operational management responsibility for Acute Services in Ninewells Hospital, Perth Royal Infirmary and Stracathro Hospital. The Acute Hospital Director will report regularly to the Chief Officer and the Integration Joint Board on the operational delivery of Integrated Functions delivered within the acute hospital and the set aside budget.

The NHS Tayside and Tayside Integration Joint Boards' Collaborative which includes the Tayside Chief Officers and the NHS Tayside Acute Hospital Director, will co-operate to prepare the performance framework and reporting cycle to ensure performance is maintained and improved in line with the Strategic Plan of the Integration Joint Board and, as appropriate, neighbouring Integration Joint Boards.

7.4 A senior team of the Partners' staff will report directly to the Chief Officer in order to fulfil their accountability for the Strategic Plan and for the safe, efficient and effective operational management and performance of Integrated Functions and for the oversight of Acute Services, to the population of Perth and Kinross.

7.5 Members of the senior management teams of both Perth and Kinross Council and NHS Tayside have a key role in supporting Health and Social Care Integration in Perth and Kinross. The Chief Officer will be a substantive member of the senior management teams of both Perth and Kinross Council and NHS Tayside.

7.6 The Chief Officer will require to develop close working relationships with elected members of Perth and Kinross Council and non-Executive and Executive NHS Tayside Board members.

7.7 In addition the Chief Officer will establish and maintain effective working relationships with a range of key stakeholders across the Partners, the third and independent sectors, service users and carers, Scottish Government, trade unions and relevant professional organisations.

8 Workforce

The arrangements in relation to their respective workforces agreed by the Partners are:

- 8.1 The Partners are committed to ensuring staff possess the necessary skills and knowledge to provide service users in Perth and Kinross with the highest quality services. Any future changes will be planned and co-ordinated and will involve the full engagement of those affected by the changes in accordance with established practices and procedures.
- 8.2 Human resource services and workforce planning information will continue to be provided by the appropriate corporate human resource functions within the Partners organisations. The Partners' existing professional/clinical supervision arrangements will continue.
- 8.3 The Partners will deliver, within three months of the establishment of the Integration Joint Board, a Workforce and Organisational Development Strategy for Integrated Functions. This will address engagement, leadership and workforce development to support the delivery of Integrated Functions. Reviews of the Strategy will be undertaken in conjunction with the Integration Joint Board.

9 Finance

The Partners agree, as prescribed in Section 1 of the Act, the arrangements in relation to the determination of the amounts to be paid, or set aside, and their variation, to the Integration Joint Board by NHS Tayside and Perth and Kinross Council are:

Financial Administration & Reporting Arrangements

- 9.1 In the first instance, Perth and Kinross Council will host the financial transactions of the Integration Joint Board, unless or until agreed otherwise. These transactions will cover Requisitions made to the Integration Joint Board from the Partners and the Direction back to the Partners to deliver integrated functions, cost of the Integration Joint Board, External Audit, Chief Officer, Chief Financial Officer and any other relevant costs.
- 9.2 The Chief Financial Officer of the Integration Joint Board will be accountable to the Integration Joint Board for the proper administration of its financial affairs including the preparation of the Annual Accounts, the Annual Financial Statement (as required under Section 39 of the Act). As part of the process of preparing the Annual Accounts of the Integration Joint Board, the Chief Financial Officer will be responsible for agreeing balances between the Integration Joint Board and Partners at the end of the financial year and for agreeing details of transactions between the Integration Joint Board and Partners during the financial year. The Chief Financial Officer will also be responsible for provision of other information required by the Partners to complete their annual accounts including Group Accounts. The Chief Financial Officer will also provide financial advice and support to the Chief Officer and the Integration Joint Board on the financial resources used for operational delivery.
- 9.3 The Partners will provide the required financial support and co-operation to enable the relevant transactions to be administered and financial reports to be provided to the Chief Financial Officer. In the first instance, the Partners will not charge the Integration Joint Board for services provided for financial accounting support, unless or until agreed otherwise.
- 9.4 The Requisition from the Integration Joint Board to the Parties for the costs of the Chief Officer and Chief Financial Officer will be shared to reflect an apportionment as determined through a tri-partite agreement between the Integration Joint Board and the Partners. The Partners will continue to provide

all other corporate finance support services as appropriate to adequately support the financial management of the Integration Joint Board unless subsequently agreed otherwise by the Partners and the Integration Joint Board.

- 9.5 In the first instance, the Integration Joint Board will have no cash transactions and will not directly engage or provide grants to third parties, unless or until agreed otherwise.
- 9.6 The Integration Joint Board will have arrangements in place to exercise appropriate scrutiny and review in relation to governance and financial matters and to ensure best practice principles are followed by the Partners for the integrated functions.

Financial Reporting

- 9.7 The Chief Financial Officer will ensure routine financial reports are available to the Chief Officer and the Integration Joint Board on a timely basis, at least quarterly, and include as a minimum annual budget, full year outturn projection and commentary on material variances. All Integration Joint Board reports will be shared with the Partners simultaneously. To assist with the above the Partners will provide information to the Integration Joint Board regarding costs incurred by them on a monthly basis. The frequency, form and content of reports will be agreed by the Integration Joint Board.
- 9.8 NHS Tayside will provide financial information to the Chief Financial Officer and the Integration Joint Board on a monthly basis regarding services directed in line with the Strategic Plan and the associated large hospital Set Aside.

Financial Strategy

- 9.9 The financial strategy of the Integration Joint Board will be prepared by the Chief Officer and Chief Financial Officer following discussions with the Partners, who will provide a proposed budget which is based on the

Requisition for year 1 and indicative Requisitions for subsequent years. The Strategic Plan will ensure the services commissioned by the Integration Joint Board are delivered within the financial resources available.

Methodology for Payments to the Integration Joint Board

- 9.10 The annual resources provided to the Integration Joint Board for Integrated Functions will initially reflect the running costs and associated income categories agreed by the Partners.
- 9.11 Due diligence will be completed in advance of the establishment of the Integration Joint Board. The financial contribution for the 1st year of the Integration Joint Board in respect of the Integrated Functions will be calculated following completion of the due diligence process.
- 9.12 Following the first financial year the Integration Joint Board will make annual proposed Budget Requisitions to the Partners in the format reflected within their respective budget guidance and to align with their respective budget setting timetables. The proposed Budget Requisitions will be calculated with initial reference to the pertinent year of the latest Strategic Plan agreed by the Integration Joint Board, and will reflect any subsequent changes to the plan in order to meet recurring projected overspends as set out in section 9.21.
- 9.13 Thereafter, the Integration Joint Board will give consideration to areas of adjustment of Budget Requisitions in light of actual or projected performance (where applicable for each Partner and taking into account Partners' Corporate Financial Plans). Where any adjustments are made from the proposals or assumptions contained in the Strategic Plan, this will be made clear in the proposed Budget Requisitions made by the Integration Joint Board to the Partners.
- 9.14 The Chief Officer and Chief Financial Officer will meet with both the Partners' senior finance officers to review and, if necessary, revise the proposed Budget Requisition in line with locally agreed budget setting timetables.

9.15 The Partners will consider these proposed Budget Requisitions through their respective budget setting processes and will confirm the actual Budget Requisition to the Integration Joint Board the day after the Council Tax legally requires to be set each year. The Integration Joint Board will approve and provide Direction to the Partners before the start of the Integration Joint Board's financial year, in the relevant year, regarding the functions that are being directed, how they are to be delivered and the resources to be used in delivery.

9.16 The process for determining the value of the resources used in Large Hospitals, to be Set Aside by NHS Tayside and made available to the Integration Joint Board, will be determined with regard to hospital capacity that is expected to be used by the population of the Integration Joint Board area and will incorporate, as a minimum but not exclusively:

- Actual Occupied Bed Days and admissions in recent years;
- Planned changes in activity and case mix due to the effect of interventions in the Strategic Plan;
- Planned changes in activity and case mix due to changes in population need (i.e. demography and morbidity).

The value of the Large Hospital Set Aside will be calculated by applying unit costs to the hospital capacity using a costing methodology to be agreed between Partners and the Integration Joint Board.

9.17 On an annual basis the Large Hospital Set Aside budget will be adjusted to reflect planned hospital capacity, as set out in the Strategic Plan. The Strategic Plan will set out any planned changes in hospital capacity, with the resource consequences determined through detailed business cases which will be reflected in the Integration Joint Board's financial plan. These business cases may include:

- The planned changes in activity and case mix due to interventions in the Strategic Plan and the projected activity and case mix changes due to changes in population need;

- Analysis of the impact on the affected hospital budgets, taking into account cost behaviour (i.e. fixed, semi fixed and variable costs) and timing differences (i.e. the lag between reduction in capacity and the release of resources).

Variations from Approved Payments by Partners

9.18 In exceptional circumstances the Partners 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. Consideration must be made by the Partners as to the use of contingency amounts or accessible reserves held by the Partners in the first instance prior to approaching the Integration Joint Board with a proposal to reduce in-year payments. Proposals must be agreed through a tri-partite agreement between the Integration Joint Board and the Partners.

9.19 In the event that a material calculation error in the spending Directions provided by the Integration Joint Board to the Partners is discovered, this will be adjusted for and revised Directions issued to the Partners.

9.20 Partners may increase the payment in-year to the Integration Joint Board for supplementary allocations in relation to the Integrated Functions that could not have been reasonably foreseen at the time the Integration Joint Board Requisition for the year was agreed. Proposals must be agreed through a tri-partite agreement between the Integration Joint Board and the Partners.

Variation - Over and Underspends by Integration Joint Board

9.21 Where a year-end overspend in the Integration Joint Board's budget is projected the Chief Officer and Chief Financial Officer must take remedial action to prevent this overspend materialising. In the event that the remedial action cannot prevent the overspend, the Integration Joint Board will present a recovery plan to the Partners, to address in year overspends and any

recurring overspends for future financial years without impacting on the achievement of performance outcomes.

- 9.22 In the event that the recovery plan is unsuccessful, and an overspend is still projected at the year-end, uncommitted Reserves held by the Integration Joint Board would firstly be used to address any overspend.
- 9.23 If after the application of reserves there remains a forecast overspend, a revised Strategic Plan must be developed to enable the overspend to be managed in subsequent years.
- 9.24 In the event that an overspend is evident following the application of a recovery plan, use of reserves or, where the Strategic Plan cannot be adjusted, the following arrangements will apply:-
- First 2 financial years of the Integration Joint Board - the overspend will be met by the Partner with operational responsibility unless agreed otherwise through a tri-partite agreement between the Integration Joint Board and the Partners;
 - 3rd financial year of the Integration Joint Board onwards – the overspend may be allocated based on each Partner's proportionate contribution to the Integration Joint Board's Budget Requisition for that financial year on a like for like basis.
- 9.25 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 unless the following conditions apply:
- Where a clear error has been made in calculating the budget Requisition or;
 - In other circumstances agreed through a tri-partite agreement between the Partners and the Integration Joint Board.

9.26 If these conditions apply, the underspend will be returned to each of the Partners as follows:

- First 2 financial years of the Integration Joint Board – the underspend will be returned to the Partner with operational responsibility unless agreed otherwise through a tri-partite agreement between the Integration Joint Board and the Partners;
- 3rd financial year of the Integration Joint Board onwards – the underspend will be allocated based on each Partner's proportionate contribution to the Integration Joint Board's Budget Requisition for that financial year on a like for like basis.

9.27 Balancing payments may require to be made between the Partners to reflect imbalances between Requisitions and the amount of devolved budgets. The payments will be at least quarterly but the frequency and timing of payment during the course of the financial year, yearend adjustment for final actuals and whether payments are based upon budgeted, projected or actual spend will be agreed between the Partners and the Integration Joint Board.

Asset Management and Capital

9.28 In the first instance, the Integration Joint Board will not hold any non-current assets or related debts. 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.

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

9.30 The Integration Joint Board will make annual capital budget requests to the Partners in the format reflected within their respective budget guidance and to align with their respective budget setting timetables.

- 9.31 Any profit or loss on the sale of an asset owned by NHS Tayside will be retained by NHS Tayside (as per the current national arrangements) and any proceeds on the sale of an asset owned by Perth and Kinross Council will be retained by Perth and Kinross Council, unless agreed otherwise.

10 Participation and Engagement

- 10.1 The Partners undertook extensive consultation with stakeholders when developing this Scheme. Consultation took place with a range of organisations and individuals with an interest in Health and Social Care Integration. These were:

Angus Council

Dundee City Council

NHS Tayside Board

Health and social care professionals

Users of health care

Carers of users of health care

Commercial providers of health care

Non-commercial providers of health care

Users of social care

Carers of users of social care

Commercial providers of social care

Non-commercial providers of social care

Staff of NHS Tayside and Perth and Kinross Council

Union and staff representatives

Non-commercial providers of social housing and

Third sector bodies carrying out activities related to health or social care

The wider general public

Consultation took place between 12 January 2015 and 27 February 2015 and the draft Integration Scheme, along with a consultation response form, was

made available using a variety of methods. The draft Scheme was made available across the Partners' internal and external websites. Other key partners and stakeholders also assisted in widely disseminating information about the consultation, for example Perth and Kinross Association of Voluntary Services (PKAVS) and Scottish Care disseminated information about the consultation to their members. Consultation also took place directly with Community Planning Partners, Community Councils, Tenants and Residents Groups, Housing Associations and the Partners' strategic groups. A Consultation Event took place on 16 February, attended by approximately 25 people from both of the Partners and members of the public. 47 responses were received in response to the consultation and these were considered during the process of finalising the Scheme.

- 10.2 A Steering Group comprising representatives from the Partners, the Third Sector and other stakeholders 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:

- 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
- focus on engagement planning in localities, taking account of other engagement activity

By taking this approach, 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 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 be submitted to the Integration Joint Board within three months of the Integration Joint Board being established.

11 Information Sharing and Data Handling

11.1 Along with a number of other stakeholders the Partners are members of the Tayside Data Sharing and Information Governance Group which is a group that ensures there are appropriate high level information sharing protocols in place to govern information sharing and data handling arrangements.

The Partners are already signatories to the Scottish Accord on the Sharing of Personal Information (SASPI). SASPI provides a statement of principles on data sharing issues and general guidance to staff on:

- Sharing information ;
- Specific purposes served ;
- People it impacts upon;
- Relevant legislative powers ;
- What data is to be shared;
- Consent processes;
- Required operational procedures;
- Procedures for review.

Within three months of the establishment of the Integration Joint Board the Parties will request the Tayside Data Sharing Information and Governance

Group extend an invitation to the Integration Joint Board to become a member and will invite the Integration Joint Board to be a party to SASPI if appropriate.

The Partners will work together to ensure that SASPI is reviewed on a four yearly basis and that as part of this process the views of the Integration Joint Board will be canvassed and considered.

Within three months of the establishment of the Integration Joint Board the Partners will develop such Information Sharing Agreements as may be required to define the processes and procedures that will apply to sharing information for any purpose connected with the preparation of either the Strategic Plan or the carrying out of the Integrated Functions. The Integration Joint Board will be invited by the Partners to review the Information Sharing Agreement and become a party to it if appropriate.

12 Complaints

The Partners agree the following arrangements in respect of complaints by service users and those complaining on behalf of service users;

- 12.1 The Partners agree that complaints should be viewed with a positive attitude and valued as feedback on service performance leading to a culture of good service delivery.
- 12.2 The Partners agree the principle of early frontline resolution to complaints and have existing policies and procedures in place to achieve this.
- 12.3 The Partners agree that irrespective of the point of contact the Partner will show a willingness to efficiently direct complaints to ensure an appropriate response.
- 12.4 Due to different legislative requirements the Partners agree that no immediate change will be made to the way in which complaints are dealt with in each of

the Partners and complaints will continue to be dealt with according to the policies and procedures in place for the Partners.

12.5 Where complaints cross the boundaries of health and social care the Partners agree that they will work together to achieve, where possible, a front line resolution and a joint response to a complaint.

12.6 The Partners agree that complaints by patients/carers/service users will be managed and responded to by the lead organisation responsible for the delivery of the service to which the complaint refers in accordance with the procedures and policies in place for that Partner, completed within the timescales for the relevant procedure and monitored by the Chief Officer.

There are four established processes a complaint will follow depending on the lead organisation.

- i) Statutory Social Work Complaints process
- ii) Perth and Kinross Council Corporate Complaints Process
- iii) NHS Tayside complaints process
- iv) External Service Providers/Independent Contractors / 3rd Party Providers

12.7 Complaints can be made to the Complaints and Feedback Team at www.nhstayside.scot.nhs.uk, at any Perth and Kinross Council office or at www.pkc.gov.uk/say A response will be given as soon as possible and will be within no more than 20 working days.

12.8 External service providers will be required to have a complaints procedure in place. Where complaints are received that relate to a service provided by an external provider the lead organisation will refer the complainant to the external service provider for resolution of their complaint.

- 12.9 All complaints will be investigated and responded to according to the lead organisation's procedure, completed within the timescales for the relevant procedure and monitored by the Chief Officer.
- 12.10 The Chief Officer will have an overview of complaints related to Integrated Functions and will provide a commitment to joint working, wherever necessary, between the Partners when dealing with complaints about Integrated Functions.
- 12.11 If a complaint remains unresolved complainants will be informed of their right to go either to the Scottish Public Services Ombudsman for services provided by NHS Tayside or complaints handled under Perth and Kinross Council Corporate Complaints Process, or to the Social Work Complaints Review Committee following which, if their complaints remains unresolved, they have the right to go to the Scottish Public Services Ombudsman for services provided by Perth and Kinross Council.
- 12.12 This arrangement will respect the statutory and corporate complaints handling processes currently in place for health and social care services. This arrangement will benefit carers and service users by making use of existing complaints procedures and will not create an additional complaint handling process.
- 12.13 Data sharing requirements relating to any complaint will follow the Information and Data sharing arrangements referred to in section 11.
- 12.14 Relevant performance information and lessons learned from complaints will be collected and reported in line with section 6.
- 12.15 A joint complaints performance report will be produced annually by the Partners for consideration by 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 by 1 November 2015. The development of the Strategy will consist of:
- Identification, assessment and prioritisation of risk related to the delivery of services, particularly those which are likely to affect the Integration Joint Board's delivery of the Strategic Plan;

- Identification and description of processes for mitigating these risks;
- Agreed reporting standards.

14.2 The strategy will set out

- The key risks associated with the establishment and implementation of the Integration Joint Board
- An agreed risk monitoring framework;
- Risks that should be reported from the date of delegation of functions and resources;
- Frequency of reporting;
- Process for agreeing changes with the Integration Joint Board.

14.3 The Partners will make relevant resources available to support the Integration Joint Board in its risk management.

14.4 The Chief Officer will be responsible for drawing together the joint risks from the relevant organisations and preparing a joint risk register within 3 months of the establishment of the Integration Joint Board.

14.5 The Partners and the Integration Joint Board will consider and agree which risks should be taken from their own risk registers and placed on the shared risk register within three months of the establishment of the Integration Joint Board.

14.6 The Partners and the Integration Joint Board will consider these risks as a matter of course and notify each other where they have changed.

15 Dispute resolution mechanism

15.1 Where either of the Partners fails to agree with the other 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 and Perth and Kinross Council will meet to resolve the issue;
 - 15.1.2 If unresolved, the Partners will each prepare a written note of their position on the issue and exchange it with the other;
 - 15.1.3 In the event that the issue remains unresolved, representatives of the Partners will proceed to independent mediation with a view to resolving the issue.
 - 15.1.4 Duly authorised representatives of the Partners 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 will be delegated by NHS Tayside to the Integration Joint Board as set out in the Public Bodies (Joint Working) (Prescribed Health Board Functions) (Scotland) Regulations 2014. The functions in this list are being delegated only in respect of the services described in Annex 1 parts 2 and 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 2CB (functions of Health Boards outside Scotland);
	section 9 (local consultative committees);
	section 17A (NHS contracts);
	section 17C (personal medical or dental services);
	section 17 I (use of accommodation)
	section 17J (Health Boards' power to enter into general medical services contracts);
	section 28A (remuneration for Part II services);
	section 38 (care of mothers and young children);
	section 38A (breastfeeding);
	section 39 (medical and dental inspection supervision and treatment of pupils and young persons);
	section 48 (residential and practice accommodation);
	section 55 (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 (remission and repayment of charges and payment of travelling expenses);

	section 75B (reimbursement of the cost of services provided in another EEA state);
	section 75BA (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 (use and administration of certain endowments and other property held by Health Boards);
	section 83 (power of Health Boards and local health councils to hold property on trust);
	section 84A (power to raise money, etc., by appeals, collections etc.);
	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 (payment of allowances and remuneration to members of certain bodies connected with the health services);
	paragraphs 4, 5, 11A and 13 of Schedule 1(c) to the Act (Health Boards);
	and functions conferred by—
	The National Health Service (Charges to Overseas Visitors) (Scotland) Regulations 1989;
	The Health Boards (Membership and Procedure) (Scotland) Regulations 2001/302
	The National Health Service (Clinical Negligence and Other Risks Indemnity Scheme) (Scotland) Regulations 2000;
	The National Health Services (Primary Medical Services Performers Lists) (Scotland) Regulations 2004;
	The National Health Service (Primary Medical Services Section 17C Agreements) (Scotland) Regulations 2004;
	The National Health Service (Discipline Committees) (Scotland) Regulations 2006;
	The National Health Service (General Ophthalmic Services) (Scotland) Regulations 2006;

	The National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009and
	The National Health Service (General Dental Services) (Scotland) Regulations 2010; and
	The National Health Service(Free Prescriptions and Charges for Drugs and Appliances)(Scotland) Regulations 2011
Disabled Persons (Services, Consultation and Representation) Act 1986	
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	Except functions conferred by—

<p>by virtue of, the Mental Health (Care and Treatment) (Scotland) Act 2003.</p>	<p>section 22 (Approved medical practitioners);</p> <p>section 34 (inquiries under section 33:co-operation);</p> <p>section 38(duties on hospital managers: examination, notification etc.);</p> <p>section 46 (hospital managers' duties: notifications);</p> <p>section 124 (transfer to other hospital);</p> <p>section 228 (request for assessment of needs: duty on local authorities and Health Boards);</p> <p>section 230 (appointment of patient's responsible medical officer);</p> <p>section 260 (provision of information to patient);</p> <p>section 264 (detention in conditions of excessive security: state hospitals);</p> <p>section 267 (orders under sections 264 to 266:recall)</p> <p>section 281 (correspondence of certain persons detained in hospital);</p> <p>and functions conferred by-</p> <p>The Mental Health (Safety and Security) (Scotland) Regulations 2005</p> <p>The Mental Health (Cross border transfer: patients subject to detention requirement or otherwise in hospital) (Scotland) Regulations 2005;</p> <p>The Mental Health (Use of Telephones) (Scotland) Regulations 2005; and</p> <p>The Mental Health (England and Wales Cross border transfer: patients subject to requirements other than detention) (Scotland) Regulations 2008.</p>
<p>Education (Additional Support for Learning) (Scotland) Act 2004</p>	
<p>Section 23 (other agencies etc. to help in exercise of functions under this Act)</p>	
<p>Public Services Reform (Scotland) Act 2010</p>	

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.
Carers (Scotland) Act 2016	
Section 31 (duty to prepare local carer strategy)	

Part 2

Services currently provided by NHS Tayside which are to be integrated The functions listed in Annex 1 Part 1 are delegated only in relation to these services.

- Accident and emergency services provided in a hospital
- Inpatient hospital services relating to the following branches of medicine:
 - General medicine
 - Geriatric medicine;
 - Rehabilitation medicine;
 - Respiratory medicine;
 - 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
- Service provided by allied health professionals in an outpatient department, clinic, or outwith a hospital
- Public dental services

- 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
- Primary medical services out-of-hours
- Geriatric medicine outwith a hospital
- Palliative care outwith a hospital
- Community learning disability services
- Mental health services provided outwith a hospital.
- Home renal services
- Continence services provided outwith a hospital.
- Services provided by health professionals that aim to promote public health

Part 3

The following services from Part 2 of Annex 1 will also be integrated in respect of people under the age of 18:

- Accident and Emergency services provided in a hospital
- public dental services
- 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
- Primary medical services out-of-hours
- Community learning disability services
- Home renal services
- Services provided by health professionals that aim to promote public health

Part 4

The following services are currently planned and delivered on a pan-Tayside basis, and are included in the Integrated Functions. The Partners recommend that they are hosted by **Perth and Kinross Integration Joint Board** on behalf of the other Tayside Integration Joint Boards;

- Learning Disability inpatient services
- Substance misuse inpatient services
- Public Dental Services/Community Dental Services
- General Adult Psychiatry (GAP) Inpatient services
- Prisoner Healthcare
- Podiatry

The following services are currently planned and delivered on a pan-Tayside basis, and are included in the Integrated Functions. The Partners recommend that they are hosted by **Dundee Integration Joint Board** on behalf of the other Tayside Integration Joint Boards;

- Psychology
- Sexual and Reproductive Health services
- Homeopathy
- Specialist Palliative Care
- The Centre for Brain Injury Rehabilitation (CBIRU)
- Eating disorders
- Dietetics
- Medical Advisory
- Tayside Health Arts Trust
- Keep Well
- Psychotherapy

The following services are currently planned and delivered on a pan-Tayside basis, and are included in the Integrated Functions. The Partners recommend that they are

hosted by **Angus Integration Joint Board** on behalf of the other Tayside Integration Joint Boards

- Locality Pharmacy
- GP Out of Hours
- Forensic Medicine and Custody Nursing
- Continence
- Speech and Language Therapy

Part 1

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

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

<i>Column A</i> <i>Enactment conferring function</i>	<i>Column B</i> <i>Limitation</i>
National Assistance Act 1948	
Section 48 (duty of councils to provide temporary protection for property of persons admitted to hospitals etc.)	
The Disabled Persons (Employment) Act 1958	
Section 3 (Provision of sheltered employment by local authorities)	
The Social Work (Scotland) Act 1968	
Section 1 (local authorities for the administration of the Act.)	So far as it is exercisable in relation to another integration function.
Section 4 (provisions relating to performance of functions by local authorities.)	So far as it is exercisable in relation to another integration function.
Section 8 (research.)	So far as it is exercisable in relation to another integration function.
Section 10 (financial and other assistance to voluntary organisations etc. for social work.)	So far as it is exercisable in relation to another integration function.
Section 12 (general social welfare services of local authorities.)	Except in so far as it is exercisable in relation to the provision of housing support services.
Section 12A (duty of local authorities to assess needs.)	So far as it is exercisable in relation to another integration function.

<i>Column A</i> <i>Enactment conferring function</i>	<i>Column B</i> <i>Limitation</i>
Section 12AZA (assessments under section 12A - assistance)	So far as it is exercisable in relation to another integration function.
Section 13 (power of local authorities to assist persons in need in disposal of produce of their work.)	
Section 13ZA (provision of services to incapable adults.)	So far as it is exercisable in relation to another integration function.
Section 13A (residential accommodation with nursing.)	
Section 13B (provision of care or aftercare.)	
Section 14 (home help and laundry facilities.)	
Section 28 (burial or cremation of the dead.)	So far as it is exercisable in relation to persons cared for or assisted under another integration function.
Section 29 (power of local authority to defray expenses of parent, etc., visiting persons or attending funerals.)	
Section 59 (provision of residential and other establishments by local authorities and maximum period for repayment of sums borrowed for such provision.)	So far as it is exercisable in relation to another integration function.
The Local Government and Planning (Scotland) Act 1982	
Section 24(1) (The provision of gardening assistance for the disabled and the elderly.)	
Disabled Persons (Services, Consultation and Representation) Act 1986	
Section 2 (rights of authorised representatives of disabled persons.)	

<i>Column A</i> <i>Enactment conferring function</i>	<i>Column B</i> <i>Limitation</i>
Section 3 (assessment by local authorities of needs of disabled persons.)	
Section 7 (persons discharged from hospital.)	In respect of the assessment of need for any services provided under functions contained in welfare enactments within the meaning of section 16 and which are integration functions.
Section 8 (duty of local authority to take into account abilities of carer.)	In respect of the assessment of need for any services provided under functions contained in welfare enactments (within the meaning set out in section 16 of that Act) which are integration functions.
The Adults with Incapacity (Scotland) Act 2000	
Section 10 (functions of local authorities.)	
Section 12 (investigations.)	
Section 37 (residents whose affairs may be managed.)	Only in relation to residents of establishments which are managed under integration functions.
Section 39 (matters which may be managed.)	Only in relation to residents of establishments which are managed under integration functions.
Section 41 (duties and functions of managers of authorised establishment.)	Only in relation to residents of establishments which are managed under integration functions
Section 42 (Authorisation of named manager to withdraw from resident's account.)	Only in relation to residents of establishments which are managed under integration functions
Section 43 (statement of resident's affairs.)	Only in relation to residents of establishments which are managed under integration functions
Section 44 (resident ceasing to be resident of authorised establishment.)	Only in relation to residents of establishments which are managed under integration functions
Section 45 (appeal, revocation etc.)	Only in relation to residents of establishments which are managed under integration functions
The Housing (Scotland) Act 2001	
Section 92 (assistance for housing purposes.)	Only in so far as it relates to an aid or adaptation.
The Community Care and Health (Scotland) Act 2002	

<i>Column A</i> <i>Enactment conferring function</i>	<i>Column B</i> <i>Limitation</i>
Section 5 (local authority arrangements for of residential accommodation outwith Scotland.)	
Section 14 (payments by local authorities towards expenditure by NHS bodies on prescribed functions.)	
The Mental Health (Care and Treatment) (Scotland) Act 2003	
Section 17 (duties of Scottish Ministers, local authorities and others as respects Commission.)	
Section 25 (Care and support services etc.)	Except in so far as it is exercisable in relation to the provision of housing support services.
Section 26 (services designed to promote well-being and social development.)	Except in so far as it is exercisable in relation to the provision of housing support services.
Section 27 (assistance with travel.)	Except in so far as it is exercisable in relation to the provision of housing support services.
Section 33 (duty to inquire.)	
Section 34 (inquiries under section 33: Co-operation.)	
Section 228 (request for assessment of needs: duty on local authorities and Health Boards.)	
Section 259 (advocacy.)	
The Housing (Scotland) Act 2006	
Section 71(1)(b) (assistance for housing purposes.)	Only in so far as it relates to an aid or adaptation.
The Adult Support and Protection (Scotland) Act 2007	
Section 4 (council's duty to make inquiries.)	
Section 5 (co-operation.)	
Section 6 (duty to consider importance of providing advocacy and other.)	

<i>Column A</i> <i>Enactment conferring function</i>	<i>Column B</i> <i>Limitation</i>
Section 11 (assessment orders.)	
Section 14 (removal orders.)	
Section 18 (protection of moved persons property.)	
Section 22 (right to apply for a banning order.)	
Section 40 (urgent cases.)	
Section 42 (adult protection committees.)	
Section 43 (membership.)	
Social Care (Self-directed Support) (Scotland) Act 2013	
Section 5 (choice of options: adults.)	
Section 6 (choice of options under section 5: assistances.)	
Section 7 (choice of options: adult carers.)	
Section 9 (provision of information about self-directed support.)	
Section 11 (local authority functions.)	
Section 12 (eligibility for direct payment: review.)	
Section 13 (further choice of options on material change of circumstances.)	Only in relation to a choice under section 5 or 7 of the Social Care (Self-directed Support) (Scotland) Act 2013 .
Section 16 (misuse of direct payment: recovery.)	

<i>Column A</i> <i>Enactment conferring function</i>	<i>Column B</i> <i>Limitation</i>
Section 19 (promotion of options for self-directed support.)	
Carers (Scotland) Act 2016	
Section 6 (duty to prepare adult carer support plan)	
Section 24 (duty to provide support)	
Section 25 (provision of support to carers: breaks from caring)	
Section 31 (duty to set local eligibility criteria)	
Section 34 (information and advice service for carers)	
Section 35 (short breaks services statements)	

Functions, conferred by virtue of enactments, prescribed for the purposes of section 1(7) of the Public Bodies (Joint Working) (Scotland) Act 2014

<i>Column A</i> <i>Enactment conferring function</i>	<i>Column B</i> <i>Limitation</i>
The Community Care and Health (Scotland) Act 2002	
Section 4(a) The functions conferred by Regulation 2 of the Community Care (Additional Payments) (Scotland) Regulations 2002	

Part 2

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

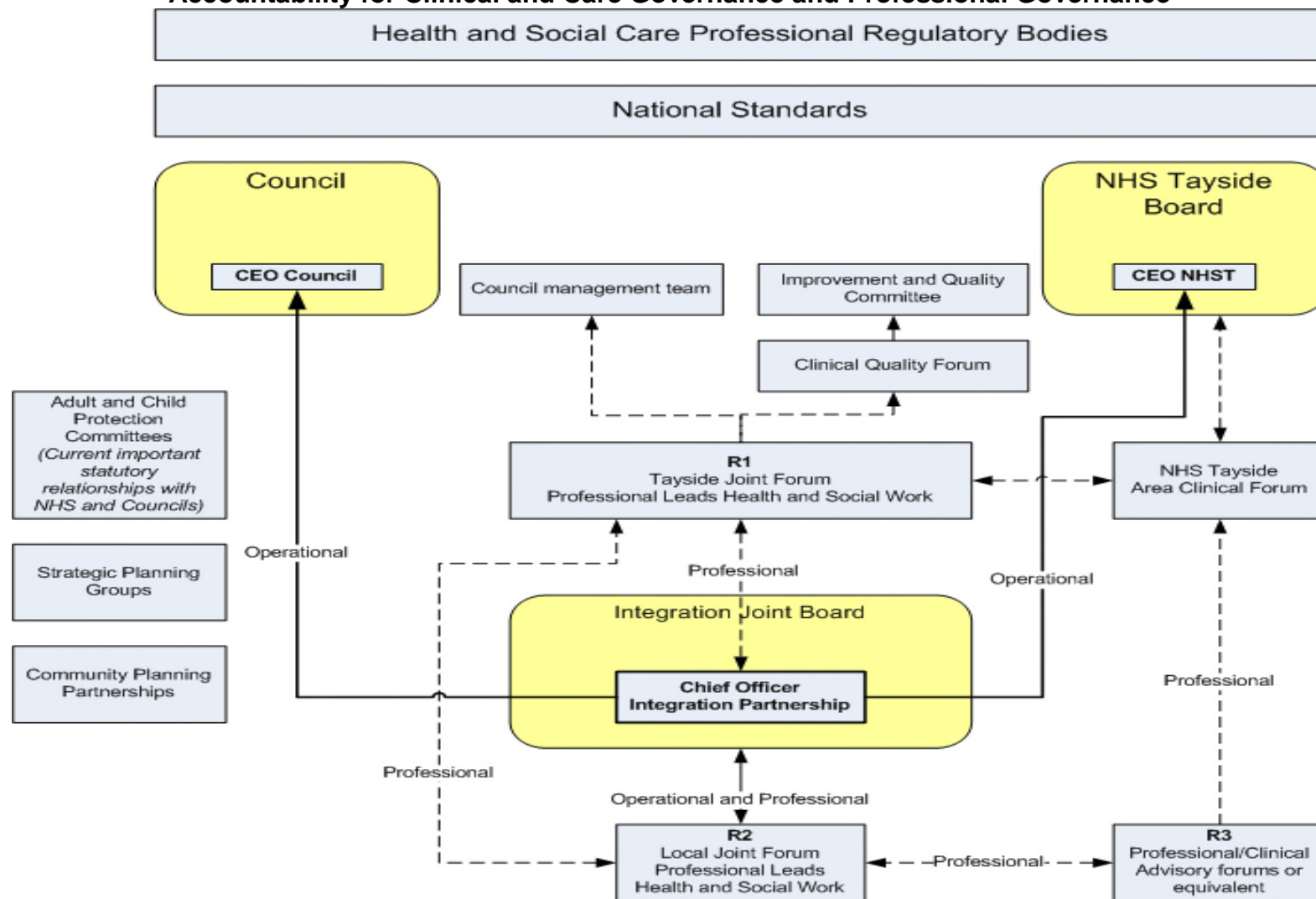
Perth & Kinross Council – Proposed functions to be delegated

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 Abuse	<ul style="list-style-type: none"> • Domestic Abuse Commissioned Services • 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"> • those areas of housing support that involve an indistinguishable overlap between personal care and housing support • Aids and adaptations

Perth and Kinross Health and Social Care Integration Scheme

Accountability for Clinical and Care Governance and Professional Governance



Membership of the Tayside Clinical and Care Governance and Professional Governance Forum (R1)	
Membership	Roles and Responsibilities
<p>Chief Social Work Officer</p> <p>Angus Council Dundee City Council Perth and Kinross Council</p>	<ul style="list-style-type: none"> • The overall objective of the CSWO is to ensure the provision of effective, professional advice to local authorities, elected members and officers in the authorities' provision of social work services. The post should assist authorities in understanding the complexities of social work service delivery, including in relation to particular issues such as corporate parenting, child protection, adult protection and the management of high risk offenders and the key role social work plays in contributing to the achievement of national and local outcomes. • The CSWO also has a role to play in overall performance improvement and the identification and management of corporate risk insofar as they relate to social work services.
<p>Medical Director</p> <p>NHS Tayside</p>	<ul style="list-style-type: none"> • The role and responsibility for the NHS Tayside Medical Director is to lead the formation and implementation of clinical strategy, taking lead on clinical standards, providing clinical advice to the board, providing professional leadership, and being a bridge between medical staff and the board. • The Medical Director provides translation, assessing the mood and, crucially, creating alignment between the organisation and doctors. Outward-facing work with the Integrated Joint Boards, Scottish Government Health Department other external key stakeholders. • Other key responsibilities include; clinical

	governance, acting as the Responsible Officer for revalidation, quality and safety, education, medical staffing planning, disciplinary issues concerning doctors.
Nursing & Midwifery Director NHS Tayside	<ul style="list-style-type: none"> • To provide leadership, assurance and professional accountability of all nursing & midwifery staff within the Health Board. • Reporting and providing professional leadership, escalating and managing strategic portfolios. • In addition, the incumbent will plan, organise and implement policies and procedures in cooperation with other departments and executives, and in accordance with standards of good Nursing and Midwifery practice.
Pharmacy Director NHS Tayside	<ul style="list-style-type: none"> • The director of pharmacy position is responsible and accountable for the operation and management of the Pharmacy Department. • In addition, the incumbent will plan, organise and implement hospital pharmacy policies and procedures in accordance with established policies of the hospital in cooperation with other departments and executives, and in accordance with accepted standards of good pharmacy practice.
Director of Allied Health Professions (AHP) NHS Tayside	<ul style="list-style-type: none"> • To provide leadership, assurance and professional accountability of Allied Health Professionals (AHP) within the Health Board. Reporting and providing professional leadership, escalating and managing strategic portfolios. • In addition, the incumbent will plan, organise and implement policies and procedures in cooperation with other departments and executives, and in

	<p>accordance with standards of good AHP practice recognising the diversity of 12 distinct professions.</p>
<p>Associate Medical Director Primary Care & Independent Contractors</p> <p>NHS Tayside</p>	<ul style="list-style-type: none"> • The Associate Medical Director (AMD) supports strategic objectives through oversight of high quality primary care services that are safe and efficient. • Specifically the AMD will be accountable for independent contractors within Tayside and their role in provision of services. • The AMD is responsible for the safety and capability of the independent contractor workforce, providing assurance to the Medical Director.
<p>Chair Area Clinical Forum</p> <p>NHS Tayside</p>	<ul style="list-style-type: none"> • The function of the Clinical Area Forum Chair is to review the business of Professional Advisory Committees to ensure a co-ordinated approach to clinical matters across professions and the organisation. • Other duties include providing a clinical perspective on National Policy, NHS Board plans and the strategy, engaging clinicians in service design and improvement, spreading best practice and encouraging multi-professional working

Tayside Clinical and Care Governance and Professional Governance Forum

Terms of Reference

The Tayside Clinical and Care Governance and Professional Governance Forum is a professional reference group, bringing together senior professional leaders across Tayside. This group, chaired by one of its members, will oversee the delivery of integrated care and support along with change and innovation to ensure the delivery of safe and effective person-centred care

within Tayside. This group will ensure that the responsibilities for Clinical and Care Governance and Professional Governance, which remain with NHS Tayside and the Council relate to the activity of the Board.

The group will provide oversight and advice and guidance to the Strategic Planning Groups and to the Integration Joint Boards in respect of clinical and care and professional governance for the delivery of Health and Social Care services across the localities identified in their strategic plans.

Roles and Responsibilities:

NHS Tayside Executive Medical, Nursing, Pharmacy and AHP Directors share accountability for Care Assurance, Clinical and Professional Governance across NHS Tayside services as a statutory duty delegated by the NHS Tayside Chief Executive. As part of their statutory duties, these officers or their designated deputies are required to attend the Joint Board to provide professional advice and assurance in respect of Clinical and Care Governance and Professional Governance in Tayside.

The Chief Social Work Officers, through delegated authority hold professional and operational accountability for the delivery of safe and innovative social work and social care services provided by the Council, as well as by external organisations from which the Council has procured and commissioned services. An annual report on these matters will continue to be provided to the relevant committee of the Council. The Chief Social Work Officer will attend the Joint Board to provide professional advice and assurance in respect of Social Work staff and commissioned care providers.

Membership of the Local Clinical and Care Governance and Professional Governance Forum (R2)

This group will be made up of a range of professionals and managers who are responsible for implementation and who hold accountability to the membership of R1 for outcomes. This will include a core membership to reflect the professions represented in R1

Terms of Reference:

To be agreed locally