PERTH AND KINROSS COUNCIL

25 March 2015

Health and Social Care Integration
Integration Scheme for Perth and Kinross

Report by Chief Executive

PURPOSE OF REPORT

This report recommends approval of the Perth and Kinross Draft Health and Social Care Integration Scheme (Appendix 1) for submission to the Scottish Government.

1. BACKGROUND

1.1 In accordance with the Public Bodies (Joint Working) (Scotland) Act 2014 and associated regulations, Perth and Kinross Council and NHS Tayside are required to submit jointly for approval by Scottish Government Ministers, an Integration Scheme by 31 March 2015.

1.2 The Integration Scheme should lay out 'how' the Integration Joint Board will come together, outlining the agreed arrangements in such areas as governance and local delivery arrangements. Importantly, the Scheme should also outline the functions which are to be delegated to the Integration Joint Board in line with the Public Bodies (Joint Working) (Integration Scheme) (Scotland) Regulations 2014.

1.3 The Integration Scheme must be approved by Scottish Ministers before the Integration Joint Board may be formally established. Scottish Ministers will restrict their approval to those matters which are prescribed for inclusion in the Scheme and any changes to the Scheme in the future will require the Scheme to be resubmitted.

1.4 The Act sets out that the Council and the NHS Board must consult on the content of the Integration Scheme and the groups to be involved are set out in the regulations.

2. CONSULTATION PROCESS

2.1 At its meeting on 17 December 2014, the Council approved an initial Draft Health and Social Care Integration Scheme for Perth and Kinross and agreed a formal consultation process. (Article 835/14 refers).

2.2 The Perth and Kinross Draft Integration Scheme was developed on behalf of Perth and Kinross Council and NHS Tayside. The draft was prepared in Accordance with the requirements of the Act and the Public Bodies (Joint Working) (Integration Scheme) (Scotland) Regulations 2014 along with guidance that was issued on the preparation and content of Integration schemes.

2.3 The Perth and Kinross Draft Scheme was issued for consultation between 12 January and 27 February 2015. The following principles were adopted in respect of the consultation process:

- The views of all participants would be valued;
- It would be transparent;
- The results of the consultation exercise would be published;
- It would be an accessible consultation;
- The material for consultation would be provided in a variety of formats;
- The draft scheme would be published and comments would be invited from members of the public; and
- It would be the start of an on-going dialogue about integration.

2.4 Stakeholders were consulted in the development of the Integration Scheme. These stakeholders included: Elected Members of Perth and Kinross Council, NHS Tayside Board; Dundee City Council; Angus Council; health professionals; users of health care; carers of users of health care; commercial providers of health care; non-commercial providers of health care; social care professionals; 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; third sector bodies carrying out activities related to health or social care; and the Scottish Government Policy Team.

2.5 A range of engagement methods were used to consult on the Scheme. These included:

- A questionnaire being made available by email to a range of partners, carers and the wider public
- Electronic distribution of the Scheme with information available on the home pages of Perth and Kinross Council, NHS Tayside and PKAVS
- Joint press releases which informed the public of the opportunities to contribute to the consultation process
- Electronic team briefings for staff
- Face to face consultation with all stakeholders involved in the development of the Strategic Plan and Care Group meetings
- Briefings with Elected Members of Perth and Kinross Council
- A public event held centrally in Perth on 16 February 2015

2.6 The process of the consultation was well received and the specific responses received were supportive of the aims and objectives of the Integration Scheme and in general of further Health and Social Care Integration. A total of 47 responses were received via the electronic questionnaire. Most respondees recognised that the content of the Scheme was mostly prescribed and as such, expressed little disagreement with its content.

2.7 A number of views about Health and Social Care services currently being provided were received which will inform the development of the Strategic

Plan. The Strategic Planning Group will take these views into consideration as part of the ongoing development of the Strategic Plan.

2.8 As a result of the consultation, further guidance issued during the consultation period and dialogue with Scottish Government officials, a number of changes have been made to the draft Scheme that is proposed be submitted to the Scottish Government.

2.9 There follows a summary of the changes incorporated within the proposed final Draft Scheme under each scheme heading.

Section 3 – Local Governance Arrangements

- The main change here has been to remove the parts which detailed the membership arrangements. As these are already contained in Regulations, it was considered unnecessary to repeat them. This also means the Scheme is future proofed in that it will not need to be updated to reflect any future changes in those Regulations.

- Term of office and the Partner nominating the first Chairperson has been added.

Section 4 – Delegation of Functions

- This has been updated to make it clearer that in relation to the health functions, only those in respect of over 18s are being delegated, except where specifically stated in the Annex to the Scheme.

Section 5 – Local Operational Delivery Arrangements

- This has been significantly changed following informal feedback from the Scottish Government. This revised section focuses on the operational delivery arrangements more explicitly than the consultation draft. It also now deals with strategic support and the interaction between neighbouring Strategic Plans.

Section 6 – Clinical and Care Governance

- This section has been amended to reflect a common Tayside-wide approach to clinical and care governance.

Section 7 – Chief Officer

- This has been changed to reflect informal feedback from the Scottish Government in terms of the role and responsibilities of the Chief Officer.

Section 8 – Workforce

This has been revised to remove descriptive information about the workforce, following informal feedback from Scottish Government, and

to bring the section more in line with the requirements in the Regulations. Much of the material on workforce previously in the section will be included in the workforce plan instead.

Section 9 – Finance

- This has been revised following informal feedback from the Scottish Government and following further work by finance officers across Tayside to seek to achieve consistency where possible.

Section 10 – Participation and Engagement

- This section has been updated to describe the consultation process.

Section 11 – Information Sharing and Data Handling

- Revised to add timescales and more information about information sharing arrangements.

Section 12 – Complaints

- Revised following feedback from Scottish Government to make more express reference to frontline resolution and joint handling of complaints.

Section 13 – Claims Handing, Liability and Indemnity

- No change.

Section 14 – Risk Management

- Revised to include information about dealing with shared risks and risk registers.

Section 15 – Dispute Resolution Mechanism

- Revised to ensure it is clear that the dispute resolution process is between the Partners and does not involve the Integration Joint Board.

2.10 The process of developing the Integration Scheme is the precursor to the development of the Strategic Plan. It is the Strategic Plan that will explain the arrangements for carrying out the integration functions that are described in the integration scheme. It is also the Strategic Plan that sets out how the arrangements will contribute to achieving the national health and wellbeing outcomes, and also the local outcomes, as expressed in the Perth and Kinross Community Plan/Single Outcome Agreement 2013/23.

3. RECRUITMENT OF CHIEF OFFICER

3.1 At its meeting held on 17 December 2014, the Council delegated authority to the Chief Executive to make appropriate arrangements with NHS Tayside to recruit a Chief Officer for the Perth and Kinross Integration Joint Board in accordance with agreed policies and procedures.

3.2 Significant progress has been made in agreeing the scope and remit of the Chief Officer role including a jointly agreed job description, person specification and the process for recruitment and selection. The recruitment process for the Chief Officer will commence in April.

4. CONCLUSION AND RECOMMENDATIONS

4.1 It is recommended that the Council:-

1. Approve the Integration Scheme for Perth and Kinross and request that the Scheme be submitted to the Scottish Government for their approval.

2. Delegate to the Chief Executive to approve, on behalf of the Council, any necessary drafting changes to the Perth and Kinross Draft Health and Social Care Integration Scheme that arise following consideration of the draft by NHS Tayside and the Scottish Government, and to report back to the Council on any further changes which are made for information in due course.

Author

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Approved

Name	Designation	Date
Bernadette Malone	**Chief Executive of Perth and Kinross Council**	**11 March 2015**

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ANNEX

IMPLICATIONS, ASSESSMENTS, CONSULTATION AND COMMUNICATION

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

1. Strategic Implications

Community Plan / Single Outcome Agreement

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

- Supporting people to lead independent, healthy and active lives

Corporate Plan

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

- Supporting people to lead independent, healthy and active lives

2. Resource Implications

Financial

2.1 There are no direct financial implications arising from this report. The Draft Integration Scheme contains information about the proposed financial arrangements for the Integration Joint Board. Perth and Kinross Council and NHS Tayside will delegate functions and make payments to the Integration Joint Board in respect of these delegated functions. NHS Tayside will also set aside amounts in respect of large hospitals for use by the Integration Joint Board.

3. Assessments

Equality Impact Assessment

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

Assessed as not **relevant** for the purposes of EqIA.

3.2 Strategic Environmental Assessment

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

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

Sustainability

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

Legal and Governance

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

Risk

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

4. Consultation

Internal

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

External

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

5. Communication

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

2. BACKGROUND PAPERS

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

3. APPENDIX

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

PERTH AND KINROSS

DRAFT INTEGRATION SCHEME

CONTEXT

1. Introduction

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

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

2. Aims and Outcomes of the Integration Scheme

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

3 Our Vision

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

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

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

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

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

Our partnership working is based upon strong leadership and integrated practice. Increasingly our joint working is informed by a strengthened evidence based approach. Evidence of where and what services are required and how they can be best delivered. Whether this evidence is data gathered through

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

Our people are our greatest asset and it is through their talents and ambitions that real improvement will continue to be made. We have confident, ambitious, innovative staff and we are proud of their achievements and want to build on their successes. We continue to promote and nurture a positive culture and behaviours and encourage integrated working, based on a common purpose, to deliver the best possible outcomes for our communities. We will continue to create space and opportunities for our people to offer their best 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 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, without waste.

Together we will work towards achieving these National Outcomes by:

- ***Involving people*** in decisions on their care and those they care for and involving staff, patients, service users, carers and whole communities in influencing the way services are organised and delivered.

- ***Devolving more integrated services*** to be closer to people and communities, and supporting this by delegating decision making and resources.

- ***Developing Integrated Locality Teams*** at local level, so that all clinical, professional and non-clinical staff can work together in a coordinated way to improve access, the journey of care and the quality of services.

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

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

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

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

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

Integration Scheme

Between

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

And

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

1. Definitions and Interpretation

"The Act" means the Public Bodies (Joint Working) (Scotland) Act 2014;
"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;
"Direction" means a direction issued under section 26 of the Act;
"Financial Officer" means the Proper Officer of the Integration Joint Board appointed by them under section 95 of the Local Government (Scotland) Act 1973;
"Integration Joint Board" means the Integration Joint Board to be established by Order under section 9 of the Act;
"Outcomes" means the Health and Wellbeing Outcomes prescribed by the Scottish Ministers in Regulations under section 5(1) of the Act;
"Integrated functions" means those functions and services delegated to the Integration Joint Board by virtue of this Scheme;
"The Integration Scheme Regulations" means the Public Bodies (Joint Working) (Integration Scheme) (Scotland) Regulations 2014;

"Integration Joint Board Order" means the Public Bodies (Joint Working) (Proceedings, Membership and General Powers of Integration Joint Boards) (Scotland) Order 2014;
"Large hospitals" means those hospitals which fall within the definition set out in section 1(14) 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;
"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 to adults 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 1(2) of the Act, the Partners have agreed that the integration model set out in section 1(4)(a) of the Act will be put in place for Perth and Kinross, namely the delegation of functions by the Partners to a body corporate that is to be established by Order under section 9 of the Act. This Scheme comes into effect on the date the Parliamentary Order to establish the Integration Joint Board comes into force.

3 Local Governance Arrangements

3.1 Membership

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

3.2 **Chairperson and Vice Chairperson**

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

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The initial appointment period for both the Chairperson and Vice Chairperson will be from the date of establishment of the Integration Joint Board until 31 March 2017. At the end of the initial appointment period a new Chairperson and Vice Chairperson will be appointed for a period of two years. Thereafter, the appointment period for each subsequent appointment of Chairperson and Vice Chairperson will be three years.

Perth and Kinross Council will appoint the Chairperson in the first appointing period.

4 Delegation of Functions

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

4.2 The functions that are to be delegated by NHS Tayside to the Integration Joint Board are set out in Part 1 of Annex 1. The services to which these functions relate, which are currently provided by NHS Tayside and which are to be integrated, are set out in Part 2 of Annex 1. 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 is responsible for the strategic planning of all integrated functions. The Integration Joint Board is responsible for the delivery of outcomes and strategic priorities contained within the Strategic Plan.

The Integration Joint Board is responsible for operational oversight of all integrated services. The Integration Joint Board will be responsible for the operational delivery of integrated functions and services delivered in pursuance of those functions except Acute Services. NHS Tayside will be responsible for the operational delivery of Acute Services. NHS Tayside will provide performance information on a regular basis to the Chief Officer and to the Integration Joint Board on the operational delivery of Acute Services.

The Integration Joint Board will carry out its functions through the issuing of Directions. Through this the Integration Joint Board will set out day to day management and operational delivery arrangements.

The Integration Joint Board will monitor performance in relation to the delivery of integrated functions and services through the performance framework set out in clause 5.4.

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

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

5.2 **Corporate Service Support**

In order for the Integration Joint Board to both prepare the Strategic Plan and effectively carry out the 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 continue to do so once the Integration Joint Board is established and 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**

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

Collaborative arrangements will be in place across Tayside, with membership from each of the Integration Joint Boards and local authorities across Tayside and NHS Tayside, which will ensure that collective gain and positive impact can be achieved against each Strategic Plan.

The Partners will assist the Integration Joint Board in the preparation of the Strategic Plan and the monitoring of performance by making available suitable

resources and support, including data analysis, to ensure the effective monitoring and reporting of targets and measures.

The Partners will provide the Integration Joint Board with the necessary activity and financial data for services, facilities and resources that relate to the planned use of services by people resident in Perth and Kinross, but which are provided by other Health Boards or local authorities.

5.4 Performance Monitoring

The Partners and the Integration Joint Board will establish a Performance Management Framework focused upon the delivery of the nine National Outcomes for Health & Social Care Integration. A 'Golden Thread' of outcomes, indicators and targets will be further developed, with clear linkages flowing from the National Outcomes through the Perth and Kinross Community Plan/Single Outcome Agreement 2013/23, to the Strategic Plan and into Locality Plans and the Partners' delivery plans for commissioned services.

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

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

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

The Performance Management Framework will be further developed through workshops and discussions involving stakeholders at all levels and will be in place within 3 months of the Integration Joint Board being established.

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 by its staff in Perth and Kinross.

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 employees of NHS Tayside and Perth and Kinross Council and of the third and independent sectors.

6.3 NHS Tayside's Board is accountable for Clinical and Care Governance. 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 Council holds professional accountability for social work and social care services. 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 and professional interface using the framework outlined below. The Partners and 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 Partners and 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
- 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 Partners and the Integration Joint Board are responsible for embedding mechanisms for continuous improvement in all services through application of the Clinical and Care Governance and Professional Governance Framework.

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 Executive Medical Director, 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. This will be done in collaboration with the medical practitioner who is a member of the Integration Joint Board.

6.12 The NHS Tayside Nursing Director, 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. This will be done in collaboration with the registered nurse who is a member of the Integration Joint Board.

6.13 The Chief Social Work Officer holds professional and operational accountability for the delivery of safe and innovative social work and social care services within Perth and Kinross Council. An annual report on these matters will continue to be provided to the relevant Perth and Kinross Council committee.

6.14 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 A Professional Reference Group, bringing together senior professional leaders across Tayside, including NHS Tayside Executive Medical and Nursing Directors, 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. This group 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.

6.17 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 clinical, care and professional governance issues relevant to the population of Perth and Kinross.

6.18 The Tayside Clinical and Care Governance and Professional Governance framework 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.

7 Chief Officer

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

7.2 The Chief Officer will report to the Chief Executives of the Partners.

7.3 The Chief Officer will be a substantive member of the Partners' relevant senior management teams. This will enable the Chief Officer to work with senior management of both Partners to carry out the integrated functions.

7.4 A senior team of the Partners' staff will report directly to the Chief Officer depending on operational delivery arrangements in place for particular functions delegated to the Integration Joint Board.

7.5 A member of the senior management team of one of the Partners 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.

8 Workforce

8.1 There will be a joint Workforce and Organisational Development Plan between the Partners. This will address engagement, leadership and workforce development to support the delivery of integrated functions. The Plan will continue to be developed and reviewed in conjunction with stakeholders.

The first plan will be submitted to the Integrated Joint Board within three months of the Integration Joint Board being established.

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, the 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, Financial Officer and any other relevant costs.

9.2 The Financial Officer of the Integration Joint Board will be accountable to the Chief Officer and the Integration Joint Board for the Annual Accounts, the Annual Financial Statement (as required under Section 39 of the Act), and providing financial advice and support to the Chief Officer and Integration Joint Board. The Financial Officer will also be responsible for preparing the Integrated Joint Board's medium-term financial plan to be incorporated into the Strategic Plan.

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 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 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.

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 Financial Officer will ensure routine financial reports are available to the Chief Officer and the Integration Joint Board on a timely monthly basis. 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 Officer and the Integration Joint Board on a monthly basis regarding services directed in line with the Strategic Plan and the associated Set Aside.

Financial Strategy

9.9 The financial strategy of the Integration Joint Board will be prepared by the Chief Officer and 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 Integrated 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 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 Integrated 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 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, and the Integration Joint Board, 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 3 financial years of the Integration Joint Board - the overspend will be met by the Partner to which the spending Direction for service delivery is given i.e. that Partner with operational responsibility unless agreed otherwise through a tri-partite agreement between the Integration Joint Board and the Partners;
- 4th Year of the Integration Joint Board onwards – the overspend may be shared in the proportion to the spending Direction for each Partner for that financial year. These spending Directions will be adjusted to ensure the Partners contributions are 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 3 financial years of the Integration Joint Board – the underspend will be returned to the Partner to which the spending Direction for service delivery is given i.e. that Partner with operational responsibility unless agreed otherwise through a tri-partite agreement between the Integration Joint Board and the Partners;
- 4th financial year of the Integration Joint Board onwards – the underspend will be shared in proportion to the spending Direction for each Partner for that financial year. These spending Directions will be adjusted to ensure the Partners' budgets are on a like for like basis.

9.27 Initially, an annual balancing payment may require to be made between the Partners to reflect imbalances between Requisitions and the amount of resources detailed in the relevant spending Direction. The timing of this will be agreed between the Partners. Thereafter, the balancing payments may be amended following agreement between the Partners.

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 of 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 included:

Angus Council
Dundee City Council
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

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

The Strategy will:

- 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 National Health and Wellbeing Outcomes.
- To support the capacity of all involved to take forward effective engagement
- To meet the integration delivery principles and make sure processes meet national standards, for example: CEL4; Informing, Consulting and Engaging, and the National Standards for Community Engagement.

The Strategy will be submitted to the Integration Joint Board within 3 months of the Integration Joint Board being established.

11 Information Sharing and data handling

11.1 The Partners agree to continue to be bound by the Scottish Accord on the Sharing of Personal Information (SASPI), to which the Partners are already signatories. Under the auspices of SASPI, further information sharing arrangements which may be required in connection with integrated functions will be developed and reviewed through the existing Tayside Data Sharing and Information Governance Group. Such information sharing arrangements will be established and maintained within legislative or regulatory requirements in place at that time, primarily with respect to consideration of confidentiality, data protection and privacy and will be agreed through the Tayside Data Sharing and Information and Governance Group within 3 months of the Integration Joint Board being established.

12 Complaints

12.1 The Partners agree that there will be clear arrangements for complaints handling in respect of integrated functions and agree the following:

- Feedback, comments, concerns and complaints will be encouraged and welcomed as opportunities for ensuring provision of person-centred care. Feedback may be provided via a number of mechanisms either in writing or verbally and can be raised by patients, clients, or by members of the public. Complaints will be handled effectively and timeously, with the complaints procedure well publicised and accessible to all.
- The Partners agree the principle of early frontline resolution to complaints and have existing mechanisms in place to achieve this.
- The Partners agree that irrespective of the point of contact the Partners will show a willingness to efficiently direct complaints to ensure an appropriate response.
- The Partners will develop Protocols to support collaboration in relation to investigation of complaints which relate to both health and social care

service provision and will work together to achieve, where possible, a joint response to a complaint.

- The following processes will govern the handling of complaints for integrated functions:
    - NHS Tayside complaints process
    - Perth and Kinross Council's Social Work complaints process
    - Perth and Kinross Council's corporate complaints process
- 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 services. There will be a unified mechanism for the reporting of complaints to the Integration Joint Board.

13 Claims Handling, Liability & Indemnity

13.1 The Partners and the Integration Joint Board recognise that they could receive a claim arising from, or which relates to, the work undertaken as directed, and on behalf of, the Integration Joint Board.

13.2 The Partners and the Integration Joint Board will ensure that any such claims are progressed quickly and in a manner which is equitable between them.

13.3 So far as reasonably practical Scots Law (including common law and statutory rules) relating to liability will apply.

13.4 Each Partner will assume responsibility for progressing and determining any claim which relates to any act or omission on the part of one of their employees.

13.5 Each Partner will assume responsibility for progressing and determining any claim which relates to any building which is owned or occupied by them.

13.6 In the event of any claim against the Integration Joint Board, or in respect of which it is not clear which party should assume responsibility, then the Chief

Executives of NHS Tayside, Perth and Kinross Council and the Chief Officer (or their representatives) will liaise and determine which party should assume responsibility for progressing the claim.

14 Risk Management

14.1 The Partners and the Integration Joint Board will develop a shared risk management strategy that sets out –

- The key risks with the establishment and implementation of the Integration Joint Board
- An agreed risk monitoring framework
- Any risks that should be reported on from the date of delegation of functions and resources
- The frequency that risks should be reported on
- The method for agreeing changes to the above requirements with the Integration Joint Board.

14.2 The risk management strategy will

- Identify, assess and prioritise risks related to the delivery of services under integration functions, particularly any which are likely to affect the Integration Joint Board's delivery of the Strategic Plan;
- Identify and describe processes for mitigating those risks
- Include an agreed reporting standard

14.3 The Partners and the Integration Joint Board will consider and agree which risks should be taken from the respective risk registers of the Partners and placed on a shared risk register. A joint risk register will be prepared within 3 months of the Integration Joint Board being established.

14.4 The Partners are required to make resources available to support the Integration Joint Board in relation to risk management. This will be provided and reviewed as part of the arrangements to provide corporate support which are detailed in clause 5.2

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 Minsters 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.

Annex 1

Part 1

Functions delegated by NHS Tayside to the Integration Joint Board

SCHEDULE 1 Regulation 3

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

Column A	*Column B*
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([1]) (Functions of Health Boards outside Scotland);
	section 9 (local consultative committees);
	section 17A (NHS Contracts);
	section 17C (personal medical or dental services);
	section 17I([2]) (use of accommodation);
	section 17J (Health Boards' power to enter into general medical services contracts);
	section 28A (remuneration for Part II services);
	section 38([3]) (care of mothers and young children);
	section 38A([4]) (breastfeeding);
	section 39([5]) (medical and dental inspection, supervision and treatment of pupils and young persons);

([1]) Section 2CA was inserted by S.S.I. 2010/283, regulation 3(2).
([2]) Section 17I was inserted by the National Health Service (Primary Care) Act 1997 (c.46), Schedule 2 and amended by the Primary Medical Services (Scotland) Act 2004 (asp 1), section 4. The functions of the Scottish Ministers under section 17I are conferred on Health Boards by virtue of S.I. 1991/570, as amended by S.S.I. 2006/132.
([3]) The functions of the Secretary of State under section 38 are conferred on Health Boards by virtue of S.I. 1991/570.
([4]) Section 38A was inserted by the Breastfeeding etc (Scotland) Act 2005 (asp 1), section 4. The functions of the Scottish Ministers under section 38A are conferred on Health Boards by virtue of S.I. 1991/570 as amended by S.S.I. 2006/132.
([5]) Section 39 was relevantly amended by the Self Governing Schools etc (Scotland) Act 1989 (c.39) Schedule 11; the Health and Medicines Act 1988 (c.49) section 10 and Schedule 3 and the Standards in Scotland's Schools Act 2000 (asp 6), schedule 3.

section 48 (provision of residential and practice accommodation);

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

section 57 (accommodation and services for private patients);

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

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

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

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

section 79 (purchase of land and moveable property);

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

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

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

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);

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

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

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

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

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

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

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

	section 98 ([13]) (charges in respect of non-residents); and
	paragraphs 4, 5, 11A and 13 of Schedule 1 to the Act (Health Boards);
	and functions conferred by—
	The National Health Service (Charges to Overseas Visitors) (Scotland) Regulations 1989 ([14]);
	The Health Boards (Membership and Procedure) (Scotland) Regulations 2001/302;
	The National Health Service (Clinical Negligence and Other Risks Indemnity Scheme) (Scotland) Regulations 2000/54;
	The National Health Services (Primary Medical Services Performers Lists) (Scotland) Regulations 2004/114;
	The National Health Service (Primary Medical Services Section 17C Agreements) (Scotland) Regulations 2004;
	The National Health Service (Discipline Committees) Regulations 2006/330;
	The National Health Service (General Ophthalmic Services) (Scotland) Regulations 2006/135;
	The National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009/183;
	The National Health Service (General Dental Services) (Scotland) Regulations 2010/205; and
	The National Health Service (Free Prescription and Charges for Drugs and Appliances) (Scotland) Regulations 2011/55([15]).

Disabled Persons (Services, Consultation and Representation) Act 1986

Section 7
(Persons discharged from hospital)

([13]) Section 98 was amended by the Health and Medicines Act 1988 (c.49), section 7. The functions of the Secretary of State under section 98 in respect of the making, recovering, determination and calculation of charges in accordance with regulations made under that section is conferred on Health Boards by virtue of S.S.I. 1991/570.
([14]) S.I. 1989/364, as amended by S.I. 1992/411; S.I. 1994/1770; S.S.I. 2004/369; S.S.I. 2005/455; S.S.I. 2005/572 S.S.I. 2006/141; S.S.I. 2008/290; S.S.I. 2011/25 and S.S.I. 2013/177.
([15]) S.S.I. 2011/55, to which there are amendments not relevant to the exercise of a Health Board's functions.

Community Care and Health (Scotland) Act 2002

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

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

All functions of Health Boards conferred by, or by virtue of, the Mental Health (Care and Treatment) (Scotland) Act 2003.	Except functions conferred by— section 22 (Approved medical practitioners); section 34 (Inquiries under section 33: co-operation)([16]); section 38 (Duties on hospital managers: examination notification etc.)([17]); section 46 (Hospital managers' duties: notification)([18]); section 124 (Transfer to other hospital); section 228 (Request for assessment of needs: duty on local authorities and Health Boards); section 230 (Appointment of a patient's responsible medical officer); section 260 (Provision of information to patients); section 264 (Detention in conditions of excessive security: state hospitals); section 267 (Orders under sections 264 to 266: recall); section 281([19]) (Correspondence of certain persons detained in hospital); and functions conferred by—

([16]) There are amendments to section 34 not relevant to the exercise of a Health Board's functions under that section.
([17]) Section 329(1) of the Mental Health (Care and Treatment) (Scotland) Act 2003 provides a definition of "managers" relevant to the functions of Health Boards under that Act.
([18]) Section 46 is amended by S.S.I. 2005/465.
([19]) Section 281 is amended by S.S.I. 2011/211.

	The Mental Health (Safety and Security) (Scotland) Regulations 2005([20]); The Mental Health (Cross Border transfer: patients subject to detention requirement or otherwise in hospital) (Scotland) Regulations 2005([21]); The Mental Health (Use of Telephones) (Scotland) Regulations 2005([22]); and The Mental Health (England and Wales Cross border transfer: patients subject to detention requirement or otherwise in hospital) (Scotland) Regulations 2008([23]).
Education (Additional Support for Learning) (Scotland) Act 2004	
Section 23 (other agencies etc. to help in exercise of functions under this Act**)**	
Public Services Reform (Scotland) Act 2010	
All functions of Health Boards conferred by, or by virtue of, the Public Services Reform (Scotland) Act 2010	Except functions conferred by— section 31(Public functions: duties to provide information on certain expenditure etc.); and section 32 (Public functions: duty to provide information on exercise of functions).
Patient Rights (Scotland) Act 2011	
All functions of Health Boards conferred by, or by virtue of, the Patient Rights (Scotland) Act 2011	Except functions conferred by The Patient Rights (Complaints Procedure and Consequential Provisions) (Scotland) Regulations 2012/36([24]).

([20]) S.S.I. 2005/464, to which there are amendments not relevant to the exercise of the functions of a Health Board. Section 329(1) of the Mental Health (Care and Treatment) (Scotland) Act 2003 provides a definition of "managers" relevant to the functions of Health Boards.
([21]) S.S.I. 2005/467. Section 329(1) of the Mental Health (Care and Treatment) (Scotland) Act 2003 provides a definition of "managers" relevant to the functions of Health Boards.
([22]) S.S.I. 2005/468. Section 329(1) of the Mental Health (Care and Treatment) (Scotland) Act 2003 provides a definition of "managers" relevant to the functions of Health Boards.
([23]) S.S.I. 2008/356. Section 329(1) of the Mental Health (Care and Treatment) (Scotland) Act 2003 provides a definition of "managers" relevant to the functions of Health Boards.
([24]) S.S.I. 2012/36. Section 5(2) of the Patient Rights (Scotland) Act 2011 (asp 5) provides a definition of "relevant NHS body" relevant to the exercise of a Health Board's functions.

Part 2

Services currently provided by NHS Tayside which are to be integrated

SCHEDULE 2 Regulation 3

PART 1

Interpretation of Schedule 3

1. In this schedule—

"Allied Health Professional" means a person registered as an allied health professional with the Health Professions Council;

"general medical practitioner" means a medical practitioner whose name is included in the General Practitioner Register kept by the General Medical Council;

"general medical services contract" means a contract under section 17J of the National Health Service (Scotland) Act 1978;

"hospital" has the meaning given by section 108(1) of the National Health Service (Scotland) Act 1978;

"inpatient hospital services" means any health care service provided to a patient who has been admitted to a hospital and is required to remain in that hospital overnight, but does not include any secure forensic mental health services;

"out of hours period" has the same meaning as in regulation 2 of the National Health Service (General Medical Services Contracts) (Scotland) Regulations 2004([25]); and

"the public dental service" means services provided by dentists and dental staff employed by a health board under the public dental service contract.

PART 2

2. Accident and Emergency services provided in a hospital.

3. Inpatient hospital services relating to the following branches of medicine—

(a) general medicine;

(b) geriatric medicine;

(c) rehabilitation medicine;

(d) respiratory medicine; and

(e) psychiatry of learning disability.

4. Palliative care services provided in a hospital.

5. Inpatient hospital services provided by General Medical Practitioners.

6. Services provided in a hospital in relation to an addiction or dependence on any substance.

7. Mental health services provided in a hospital, except secure forensic mental health services.

([25]) S.S.I. 2004/115.

PART 3

8. District nursing services.

9. Services provided outwith a hospital in relation to an addiction or dependence on any substance.

10. Services provided by allied health professionals in an outpatient department, clinic, or outwith a hospital.

11. The public dental service.

12. 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([26]).

13. General dental services provided under arrangements made in pursuance of section 25 of the National Health (Scotland) Act 1978([27]).

14. Ophthalmic services provided under arrangements made in pursuance of section 17AA or section 26 of the National Health Service (Scotland) Act 1978([28]).

15. 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([29]).

16. Services providing primary medical services to patients during the out-of-hours period.

17. Services provided outwith a hospital in relation to geriatric medicine.

18. Palliative care services provided outwith a hospital.

19. Community learning disability services.

20. Mental health services provided outwith a hospital.

21. Continence services provided outwith a hospital.

22. Kidney dialysis services provided outwith a hospital.

23. Services provided by health professionals that aim to promote public health.

([26]) Section 2C was inserted by the Primary Medical Services (Scotland) Act 2004 (asp 1), section 1(2) and relevantly amended by the National Health Service Reform (Scotland) Act 2004 (asp 7), schedule 1, and the Tobacco and Primary Medical Services (Scotland) Act 2010 (asp 3), section 37.

([27]) Section 25 was relevantly amended by the Smoking, Health and Social Care (Scotland) Act 2005 (asp 13), section 15.

([28]) Section 17AA was inserted by the National Health Service (Primary Care) Act 1997 (c.46), section 31(2) and relevantly amended by the Smoking, Health and Social Care (Scotland) Act 2005 (asp 13), section 25. Section 26 was relevantly amended by the Health and Social Security Act 1984 (c.48), Schedule 1, and the Smoking, Health and Social Care (Scotland) Act 2005 (asp 13) section 13.

([29]) Section 27 was relevantly amended by the Health Services Act 1990 (c.53), section 20; the National Health Service and Community Care Act 1990 (c.19), Schedule 9; the Medicinal Products: Prescription by Nurses etc. Act 1992 (c.28), section 3; the National Health Service and Community Care Act 1997 (c.46), Schedule 2 and the Health and Social Care Act 2001 (c.15), section 44

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.
- The public dental service
- Primary medical services provided under a general medical services contract, and arrangements for the provision of services made under section 17C of the National Health Service (Scotland) Act 1978, or an arrangement made in pursuance of section 2C(2) of the National Health Service (Scotland) Act 1978
- General dental services provided under arrangements made in pursuance of section 25 of the National Health (Scotland) Act 1978
- Ophthalmic services provided under arrangements made in pursuance of section 17AA or section 26 of the National Health Service (Scotland) Act 1978
- Pharmaceutical services and additional pharmaceutical services provided under arrangements made in pursuance of sections 27 and 27A of the National Health Service (Scotland) Act 1978
- Services providing primary medical services to patients during the out-of-hours period
- Community learning disability services
- Kidney dialysis services provided outwith a hospital
- Services provided by health professionals that aim to promote public health

Annex 2

Part 1

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

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

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

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.	• 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	• Fieldwork Teams • Access Team • Occupational Therapy • Home Care
Intake Services	• Access Team
Services and support for adults with learning disabilities.	• Learning Disability Fieldwork Team • Local Authority Day Opportunities • Supported Living Team • Employability Team • Learning Disability Commissioned Services • Learning Disability Respite Budget
Mental Health Services	• Community Mental Health Teams – Social Work • Choose Life Budget • Mental Health Respite Budget • Mental Health Commissioned Services • Wellbeing Support Team
Drug and Alcohol Services	• Drug and Alcohol Fieldwork Team • ADP Commissioned Services
Adult Protection and Domestic	• Domestic Abuse Commissioned Services

Abuse	• Inter-Agency Adult Protection co-ordination and support
Carers Support Services	• Carer Strategy Development • Carer Support Commissioned Services
Health Improvement Services	• Health Improvement Strategic support
Housing Support	• those areas of housing support that involve an indistinguishable overlap between personal care and housing support • Aids and adaptations