

Angus Health and Social Care Integration Scheme



ANGUS DRAFT INTEGRATION SCHEME

DRAFT

This draft integration scheme is to be used in conjunction with the Public Bodies (Joint Working) (Integration Scheme) (Scotland) Regulations 2014

These regulations can be found at <http://www.scotland.gov.uk>

Preamble

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1. Establishment

- 1.1 The Public Bodies (Joint Working)(Scotland) Act 2014 (the Act) requires NHS 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 and children’s health and social care services, beyond the minimum prescribed by Ministers. The Act requires them to jointly prepare an integration scheme setting out how this is to be achieved. There is a choice of ways in which they may do this. The NHS Board and Local Authority can either delegate between each other, under s1(4)(b), (c) and (d) of the Act, or both can delegate to a third body called the Integration Joint Board under s1(4)(a) of the Act. Delegation **between** the NHS Board and Local Authority is commonly referred to as a “lead agency” arrangement. Delegation **to** an Integration Joint Board is commonly referred to as a “body corporate” arrangement.
- 1.2 The Angus Integration Scheme will establish a **“body corporate” arrangement**, as set out in s1(4)(a) of the Act, and confirms the detail of how NHS Tayside and Angus Council will integrate relevant services. Section 7 of the Act requires NHS Tayside and Angus Council to jointly submit this Integration Scheme for approval by Scottish Ministers.
- 1.3 This agreement covers the health and wellbeing of all adults including older people. It includes children’s services as noted in annex 1 of this Integration Scheme and takes account of the needs of children at times of transition to adulthood and in the context of ‘whole family’ approaches. Robust working arrangements will be put in place to ensure effective joint working with Children’s Services in both these cases.

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2 Angus Vision

2.1 Our vision for Health and Social Care is one where all adults are valued as an asset, their voices are heard and they are supported to enjoy full and positive lives in their own home or in a homely setting. We will place individuals and communities at the heart of our service planning and delivery to ensure we can deliver person centred outcomes.

2.2 The main purpose of integration is:

- to improve the wellbeing of people who use health and social care services, in particular those whose needs are complex and which require support from health and social care at the same time.
- To improve the wellbeing of those for whom it is necessary to provide timely and appropriate support in order to keep them well.
- To promote informed self management and preventative support to avoid crisis or ill health.

2.3 We are focused on optimising the independence and wellbeing and recovery of people at home. We will, through early support, reduce unnecessary care home placements as well as unnecessary hospital admissions and ensure timely discharge from hospital when this is no longer required.

2.4 In the spirit and in accordance with the intention of the Act we have set out, for information, at annex 1 of this preamble a summary of local services that relate to the delegated functions for both Angus Council and NHS Tayside.

2.5 In line with the requirement to deliver integrated health and social care in localities four distinct locality areas, covering the seven Angus burghs and their surroundings, will be developed. The locality model in Angus will be based on four fully integrated commissioning and delivery teams and defined geographical populations (circa 25-30,000 pop.) aligned to clusters of G.P. Practices, which are the key universal service in communities for adults. This will ensure that integration is responsive to local needs and not

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based on traditional service- led models, but on people and the needs of communities.

- 2.6 The provision of health and social care services to the citizens of Angus is a complex task involving enquiries and referrals, visits and assessments, care planning, service delivery and reviews. We recognise the important role communication has to play in this process and the benefits of engaging with those who use services, their families, carers and the public to involve them in the planning, development, delivery and continuous improvement of services. While the Integration Scheme describes the relationship between the Council and NHS Tayside it sets out how other sectors will be involved. The need to engage with stakeholders, both internal and external, is central to the development and implementation of effective, robust and relevant services.
- 2.7 Once approved, and by Order of the Scottish Ministers, the Angus Integration Joint Board will be established. The Integration Joint Board will promote transparent and inclusive partnership working. Positive relationships, alongside the accountability and governance arrangements and through the formulation and implementation of the Strategic Plan, will provide improved outcomes for the population of Angus. The Integration Joint Board will be known as the Angus Health and Social Care Partnership and will govern and direct the activities laid out in the Integration Scheme.

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Annex 1

Services currently provided by Angus Council that are to be integrated

Scottish Ministers have set out in guidance that the services set out below must be integrated. Further services can be added where they relate to delegated functions;

- Social work services for adults and older people
- Services and support for adults with physical disabilities and learning disabilities
- Mental health services
- Drug and alcohol services
- Adult protection and domestic abuse
- Carers support services
- Community care assessment teams
- Support services (Including Strategy Development, Staff Development, Protecting People, Finance, Human Resources)
- Care home services
- Adult placement services
- Health improvement services
- Aspects of housing support, including aids and adaptations and those areas of housing support that involve an indistinguishable overlap between personal care and housing support)
- Day services
- Local area co-ordination
- Respite provision
- Occupational therapy services
- Re-ablement services, equipment and telecare

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In addition to confirming its proposals for services that are to be delegated to the partnerships, NHS Tayside has set out proposals for consideration for healthcare services that may be devolved to each health and social care partnership to be operationally managed in each partnership. These are provisional proposals at this stage and have yet to be considered or approved by NHS Tayside Board, but reflect the outcome of discussions involving NHS Tayside Directors and Interim Chief Officers. The healthcare services that are proposed for operational management within each health and social care partnership are set out here.

Proposed Healthcare Services to be operationally managed within each partnership

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

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

It is implicit that those services that are identified within scope for delegation but that are not proposed for direct operational management or for hosting will be the subject of Strategic Planning and commissioning under the direction of the partnerships and in collaboration with the services concerned. Principally, these will be the hospital based acute services which could not be easily separated from management of other acute hospital services, reflecting the guidance on 'large hospital' services.

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Integration Scheme

between

Angus Council, a local authority established under the Local Government etc. (Scotland) Act 1994 and having its principal offices at Angus House, Orchardbank Business Park, Forfar DD8 1AX (“the Council”);

and

Tayside Health Board, a 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”) (together referred to as “the Parties”).

DEFINITIONS AND INTERPRETATION

In implementation of their obligations under the Public Bodies (Joint Working) (Scotland) Act 2014, the Parties agree as follows:

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

“Parties” means the Council and NHS Tayside;

“Angus” means the local government area for Angus as defined in the Local Government etc. (Scotland) Act 1994

“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;

“ Integration Joint Board” means the Angus Integration Joint Board established by Order under section 9 of the 2014 Act;

“Membership Regulations” means The Public Bodies (Joint Working)(Integration Joint Boards) (Scotland) Order 2014 (SI 2014 no 285).

“National outcomes” means the National Wellbeing Outcomes as defined in National Health and Wellbeing Outcomes prescribed by the Scottish Ministers in Regulation 2

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Public Bodies (Joint Working) (National Health and Wellbeing Outcomes) (Scotland) Regulations 2014 SI No 343.

“Partners” means communities, staff, third sector , service users and carers and independent sector.

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

“The Chief Finance Officer” means the Chief Finance Officer appointed by the Joint Board in terms of section 95 of the Local Government(Scotland) Act 1973.

“Requisition” means the financial resources that each of the parties makes available to the Integration Joint Board in order to deliver the scope of devolved services.

“Direction” means the formal notification to the Parties by the Integration Joint Board of the services that are to be undertaken by each party on behalf of the Integration Joint Board and the financial resources that are being made available to each party in undertaking these services.

“Non current assets” means Those assets which are **not** anticipated to be consumed/exhausted within 12 months of being acquired and are thus eligible to be capitalised on the balance sheet. For example property, plant, equipment, finance elements, service concessions, investment properties, intangible assets etc.

The “Tayside Health and Social Care Partnerships’ Collaborative “means the group that includes Chief Officers of the Integration Authorities in Tayside and the NHS Tayside Acute Hospital Director, who will cooperate to prepare the performance framework and reporting cycle too ensure performance is maintained and improved in line with the Strategic Plan of the Integration Joint Board and, as appropriate, neighbouring Integration Authorities.

“Reporting year” means the period beginning with the date prescribed under section 9(3) of the Act and ending on the first anniversary of that date and each subsequent period of a year.

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1 CHOICE OF INTEGRATION MODEL

In accordance with section 1(2) of the Act, the Parties have agreed that the integration model set out in section 1(4)(a) of the Act will be put in place in Angus, namely the delegation of functions by the Parties to a body corporate established by Order under section 9 of the Act.

As the Parties intend to delegate functions 'to a body corporate' there will be no wholesale transfer of staff in Angus either between the Council and NHS, or vice versa, or from both organisations.

2 DELEGATION OF FUNCTIONS

2.1 The functions that are delegated by NHS Tayside to the Integration Joint Board are set out in Part 1 of Annexe 1 annexed as relative hereto. The description of the services to which these functions relate and which were provided by NHS Tayside prior to the Integration Joint Board being established are set out in Part 2 and Part 3 of Annexe 1 of the Schedule.

2.2 The functions that are delegated by the Council to the Integration Joint Board are set out in Part 1 of Annexe 2 annexed as relative hereto.

2.3 The Parties and the Angus Integration Joint Board may agree to delegate further functions.

3 LOCAL GOVERNANCE ARRANGEMENTS

Membership of the Integration Joint Board will be determined in accordance with article 3 of the Public Bodies (Integration Joint Boards) (Scotland) Order 2014.

3.1 Only the three elected members nominated by the Council and the three board members nominated by NHS Tayside shall be voting members.

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3.2 The term of office of a member of the Integration Joint Board is a maximum of 3 years however a member may be reappointed for a further three year term of office. Board members appointed by the Parties will cease to be members of the Integration Joint Board in the event that they cease to be a Non Executive board member of NHS Tayside or an elected member of Angus Council. The Chief Social Work Officer, Chief Officer and Chief Finance Officer remain members of the Integration Joint Board for as long as they hold the office in respect of which they are appointed.

3.3 The first chair of the Integration Joint Board will be a voting Board member nominated by one of the Parties. The first chair will hold office for a period of 12 months. The party which has not nominated the chair will nominate the vice chair who will hold office for a period of 12 months. At the end of the period of 12 months responsibility for appointing the chair will move to the other party and a new chair and vice chair will be appointed.

The first chair will be drawn from (to be decided on 26 March) and the vice chair will be drawn from (to be decided on 26 March).

4 LOCAL OPERATIONAL DELIVERY ARRANGEMENTS

The local operational arrangements agreed by the Parties are:

4.1 The Integration Joint Board will have operational governance and oversight of integrated services and will direct the Parties to deliver services in line with the Strategic Plan.

4.2 NHS Tayside will provide information on a regular basis to the Integration Joint Board for the services within NHS Tayside that the Integration Joint Board does not have responsibility for operational delivery.

4.3 The Integration Joint Board 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 integration functions and how these arrangements are

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intended to achieve or contribute to achieving the National Health and Wellbeing Outcomes.

- 4.4 All relevant resources at the disposal of the Parties, relating to the functions will be delegated to the Integration Joint Board. These resources will be managed to ensure that the arrangements for carrying out the integration functions, as set out in the Strategic Plan, are implemented in full.
- 4.5 Information will be provided by the Parties, 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 parties are not sufficient, the Chief Officer will bring this to the attention of the party in question, in writing, with details of any further action which the Integration Joint Board considers should be taken.
- 4.6 If the Integration Joint Board proposes to take a significant decision about the arrangements for the carrying out their 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 Angus 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.
- 4.7 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 delegated functions appropriately or, in a way which fails to comply with the integration delivery principles and contributes to not achieving the national health and wellbeing outcomes, the Parties acting jointly may direct the integration Joint Board to prepare a replacement Strategic Plan.

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4.8 The Integration Joint Board will routinely receive from the Chief Officer for agreement and as relevant, approval the reports noted below. The Integration Joint Board will act on these reports and adjust direction to the Parties 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 National Health and Wellbeing 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 report.
- Improvement plans and reports.
- Risk management reports.

This list is inclusive but not exhaustive.

4.9 The Tayside Health and Social Care Partnerships' Collaborative will develop a performance framework including national and local targets and measures. The Integration Joint Board will approve the performance framework and the reporting cycle to ensure that performance is maintained and improved in line with the Strategic Plan within 3 months of the Integration Joint Board being established.

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- 4.10 The Chief Officer shall ensure that where collective gain and positive impact can be achieved against the Strategic Plan, there will be an accord developed in conjunction with Dundee, Perth & Kinross, Aberdeenshire and/or Fife Partnerships. This accord will identify any specific service delivery and strategic objectives and risks. There will be an overarching Strategic Plan for the acute hospital services delegated to the Integration Joint Board that is a consolidation of the Integration Joint Board Strategic Plan. This will be coordinated and held by NHS Tayside.
- 4.11 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 integration functions for Angus. Integration Joint Board members will fully engage in relevant development activity, in addition to formal Board activity, in order to be fully informed and equipped to undertake their duties.
- 4.12 It will be the responsibility of the Parties to work collaboratively to provide the Integration Joint Board with support services which will allow the Integration Joint Board to carry out its functions and requirements. An agreement will be developed through the Tayside Health and Social Care Partnerships' Collaborative Group, on behalf of the parties and within 3 months of the establishment of the Integration Joint Board, which will define the terms and arrangements for the provision of services to support the Integration Joint Board. The following list of services, which are inclusive but not exhaustive, will be provided
- Human resources;
 - Finance;
 - Business support;
 - Administrative support;
 - Performance management;
 - Strategic planning support;
 - Communications;

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- Improvement academy;
- Clinical care and risk management ;
- Change and innovation;
- Information governance;
- Occupational Health Service;
- Procurement ;
- Property;
- Spiritual care;
- Training and development;
- Complaints.

These arrangements will be reviewed through regular reports from the Chief Officer to the Integration Joint Board.

- 4.13 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 Angus.
- 4.14 The 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 Angus.
- 4.15 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 Angus.
- 4.16 The Parties 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 CLINICAL AND CARE GOVERNANCE AND PROFESSIONAL GOVERNANCE

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- 5.1 The parties 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 Angus.
- 5.2 Explicit lines of professional and operational accountability are essential to assure the Integration Joint Board and the Parties 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 Angus Council and of the third and independent sectors.
- 5.3 NHS Tayside 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.
- 5.4 The Chief Social Work Officer in Angus 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 Angus Council in respect of professional social work matters. He/she 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.
- 5.5 Principles of Clinical and Care Governance and Professional Governance will be embedded at 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.

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- 5.6 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.
- 5.7 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
- 5.8 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.
- 5.9 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 9 and 11 of this scheme.
- 5.10 The Parties 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.

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- 5.11 NHS Tayside Executive Medical and Nursing Directors share accountability for Clinical and Professional Governance across NHS Tayside as a duty delegated by NHS Tayside.
- 5.12 The 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.
- 5.13 The Nurse 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.
- 5.14 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 the Council.
- 5.15 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 Council staff and commissioned care providers in Angus.
- 5.16 The Chief Officer will have in place management structures that ensure accountability and responsibility for professional, clinical and care governance.
- 5.17 A Professional Reference Group, 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.. This group will provide oversight, advice, guidance and assurance to the

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Chief Officer and the Integration Joint Board in respect of clinical care and professional governance for health and social care services.

- 5.18 An Operational and Professional Forum, for Angus, 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 Angus.
- 5.19 Arrangements will be put in place so that the Area Clinical Forum, Managed Care networks, Local Medical Committees, other appropriate professional groups, the Public Protection Committee are able to provide advice directly to the Professional Reference Group.
- 5.20 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 Angus 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. CHIEF OFFICER

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

- 6.1 **The Chief Executive's of the Parties jointly agree that** a member of the senior management team of either the Council or NHS Tayside, who is an employee of either the 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 if/when the Chief Officer is absent or

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otherwise unable to carry out their functions for a period exceeding two weeks.

6.2 As the Accountable Officer the Chief Officer will report to the Integration Joint Board for the operational governance and oversight of the delivery and direction of the Parties to deliver services in line with the Strategic Plan. The Chief Officer will report directly to the Chief Executive of the Council and the Chief Executive of NHS Tayside. Joint performance review meetings, for ensuring improvement and operational delivery, involving both Chief Executives and the Chief Officer will take place on a regular basis and at a minimum quarterly.

6.3 The Acute Hospital Director will be a single point of managerial responsibility for 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 Tayside Health and Social Care Partnerships' Collaborative "which includes the Tayside Chief Officers and the NHS Tayside Acute Hospital Director, will cooperate to prepare the performance framework and reporting cycle too ensure performance is maintained and improved in line with the Strategic Plan of the Integration Joint Board and, as appropriate, neighbouring Integration Authorities.

6.4 The Chief Officer will have an appropriate senior team of 'direct reports' in order to fulfill their accountability for the Strategic Plan and for the safe, efficient and effective delivery of services to the population of Angus.

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

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- 6.6 The Chief Officer is the Accountable Officer for Health and Social Care Integration to the Integration Joint Board. A key element of this role will be to develop close working relationships with elected members of Angus Council and Non Executive and Executive NHS Tayside Board members.
- 6.7 In addition the Chief Officer shall establish and maintain effective working relationships with a range of key stakeholders across NHS Tayside, the Council, the third and independent sectors, service users and carers, Scottish Government, trade unions and relevant professional organisations.

7 WORKFORCE

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

- 7.1 The Parties are committed to ensuring staff possess the necessary skills and knowledge to provide service users in Angus 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.
- 7.2 Human resource services and workforce planning information will continue to be provided by the appropriate corporate human resource functions within the Council and NHS Tayside. The existing Council and NHS Tayside professional/clinical supervision arrangements will continue.
- 7.3 The Parties will deliver, within 3 months of the establishment of the Integration Joint Board, a Workforce and Organisational Development Strategy for integrated functions. The Strategy will set out how support and development will be provided for and to the workforce. Reviews of the Strategy will be undertaken in conjunction with the Integration Joint Board

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8. FINANCE

The Parties 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 the Council are:

- 8.1 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 Parties and the Direction back to the Parties for commissioned services, cost of the Integration Joint Board, External Audit, Chief Officer, Chief Finance Officer and any other relevant costs.
- 8.2 The Chief Finance Officer of the Integration Joint Board will be accountable to the Chief Officer and the Integration Joint Board for the Annual Accounts, Financial Plan (including the Annual Financial Statement as required under Section 39 of the Act) and providing financial advice to the Integration Joint Board. The Chief Finance Officer will provide financial advice and support to the Chief Officer and the Integration Joint Board.
- 8.3 The Parties 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 Finance Officer. In the first instance the Parties will not charge the Integration Joint Board for services provided for financial accounting support unless or until agreed otherwise.
- 8.4 The Requisition from the Integration Joint Board to the Parties will include the cost of the Chief Officer and Chief Finance Officer which will be shared in accordance with a tripartite agreement between the Integration Joint Board and the Parties. The Parties 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 Parties and the Integration Joint Board.

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- 8.5 In the first instance the Integration Joint Board will have no cash transactions and will not engage or provide grants to third parties unless or until agreed otherwise.
- 8.6 The Integration Joint Board will have appropriate assurance arrangements in place (detailed in the Strategic Plan) to ensure best practice principles are followed by the Parties for the commissioned services.
- 8.7 The Financial Strategy of the Integration Joint Board will be prepared by the Chief Officer and Chief Finance Officer following discussions with the Parties who will provide a proposed budget 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.
- 8.8 The annual resources provided to the Integration Joint Board for operationally devolved functions will initially reflect the running costs and associated income categories agreed locally.
- 8.9 A due diligence process will be completed in advance of the establishment of the Integration Joint Board. The financial contribution for the first year of the Integration Joint Board in respect of the functions delegated to it will be calculated following completion of the due diligence process.
- 8.10 Following the first financial year the Chief Officer will make annual budget Requisitions to the Parties in the format reflected within their respective budget guidance and to align with their respective budget setting timetables. The budget Requisitions will be calculated with initial reference to the pertinent year of the latest Strategic Plan agreed by the Integration Joint Board.
- 8.11 Thereafter, the Chief Officer will give consideration to areas of adjustment of budget requisitions in light of actual or projected performance (where

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applicable for each Party) and taking into account the Parties Corporate Financial Plans. Where any adjustments are made from the proposals/assumptions contained in the Strategic Plan this will be made clear in the budget requisition made by the Chief Officer to the Parties.

- 8.12 The Chief Officer and Chief Finance Officer will meet with the Parties senior finance officers to review and, if necessary, revise the budget Requisition in line with locally agreed budget setting timetables.
- 8.13 The Parties will consider these 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 Parties before the start of the Integration Joint Board 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.
- 8.14 The process for determining the value of the resources used in 'large hospitals' to be Set Aside by the Health Board 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 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 the Parties and the Integration Joint Board.

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8.15 On an annual basis the 'large hospital' Set Aside budget will be adjusted to reflect planned hospital capacity, as per 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 to 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.)

8.16 The Chief Finance 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 Parties simultaneously. To assist with the above the Parties will provide information into the Integration Joint Board regarding costs incurred by them on a monthly basis.

The Parties will routinely make available to the Chief Officer information regarding the corporate financial reporting position of their respective parent bodies.

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 'large hospital' Set Aside.

8.17 In exceptional circumstances the Parties may reduce the payment in-year to the Integration Joint Board. Exceptional circumstances will only be

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considered where the situation faced by the Parties could not have reasonably been foreseen at the time the Integrated Joint budget for the year was agreed. Consideration must be made by the Parties as to the use of contingency amounts or accessible reserves held by the Parties in the first instance prior to approaching the Integration Joint Board with a proposal to reduce in-year payments. The proposal must be agreed through a tri-partite agreement between the Integration Joint Board and the Parties.

- 8.18 In the event that a material calculation error in the spending Directions provided by the Integration Joint Board to the Parties is discovered this will be adjusted for and revised Directions issued to the Parties.
- 8.19 Parties may increase the payment in year to the Integration Joint Board for supplementary allocations in relation to the delegated services approved for the Integration Joint Board which could not have been reasonably foreseen at the time the Integration Joint Board budget for the year was agreed. Proposals must be agreed through a tri partite agreement between the Parties and the Integration Joint Board.
- 8.20 Where a year end overspend in the Integration Joint Board's budget is projected the Chief Officer and the Chief Finance Officer must present a recovery plan to the Parties and the Integration Joint Board to address in year overspends and any recurring overspends for future financial years.
- 8.21 In the event that the recovery plan is unsuccessful, and an overspend is evident at the year-end, uncommitted Reserves held by the Integration Joint Board would firstly be used to address any overspend. If after the application of reserves there remains a forecast overspend, a revised Strategic Plan must be developed and agreed by the Parties to enable the overspend to be managed in subsequent years.
- 8.22 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:

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- 1st and 2nd financial year of Integration Joint Board – the overspend will be met by the Party to which the spending Direction for service delivery is given i.e. that Party with operational responsibility, unless agreed otherwise through a tripartite agreement between the Integration Joint Board and the Parties
- 3rd financial year of the Integration Joint Board onwards – the overspend will be shared in proportion to the spending Direction for each Party for that financial year. Adjusting these spending directions to ensure the Parties budgets are on a like for like basis.

In the event that further services and their associated budgets are added to the initial scope of the Integration Joint Board the above timelines will not be adjusted unless the Parties agree otherwise.

8.23 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 unless the following conditions apply:

- Where a clear error has been made in calculating the budget Requisition or
- In other circumstances agreed through a tripartite agreement between the Parties and the Integration Joint Board.

8.24 If these conditions apply the underspend will be returned to each of the Parties as follows:

- 1st and 2nd financial year of the Integration Joint Board – the underspend will be returned to the Party to which the spending Direction for service delivery is given i.e. that Party with operational responsibility, unless agreed otherwise through a tripartite agreement between the Integration Joint Board and the Parties;
- 3rd financial year of the Integration Joint Board onwards – the underspend will be shared in proportion to the spending Direction for

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each Party for that financial year. Adjusting these spending Directions to ensure the Parties budgets are on a like for like basis.

- 8.25 In the event that further services and their associated budgets are added to the initial scope of the Integration Joint Board the above noted timelines will not be adjusted unless the Parties agree to deviate from this.
- 8.26 Balancing payments may require to be made between the Parties to reflect imbalances between requisitions and devolved budgets. The timing of these will be agreed between the Parties.
- 8.27 In the first instance the Integration Joint Board will not hold any non current assets or related debt. 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 Parties.
- 8.28 The Strategic Plan will provide the basis for the Integration Joint Board to present proposals to the Parties to influence capital budgets and prioritisation.
- 8.30 Following the 1st financial year, the Chief Officer will make annual capital budget requests to the Parties in the format reflected within their respective budget guidance and to align with their respective budget setting timetables.
- 8.31 Any profit or loss on the sale of an asset owned by NHS Tayside will be retained by NHS Tayside and any proceeds on the sale of an asset owned by the Council will be retained by the Council unless agreed otherwise or as required to reflect national guidance.

9. PARTICIPATION AND ENGAGEMENT

- 9.1 A proportionate joint consultation on this Scheme took place prior to the date of approval. The following principles were agreed by the Parties and

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followed in respect of the consultation process:

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

9.2 The stakeholders consulted in the development of this Scheme included:

NHS Tayside Board

Perth and Kinross Council

Dundee City 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 Dundee City Council

Union and staff representatives;

Non-commercial providers of social housing; and

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

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- 9.3 The Parties will support the Integration Joint Board to develop a n Involvement and Engagement Plan by providing appropriate resources and support. The Involvement and Engagement Plan shall ensure significant engagement with, and participation by, members of the public, representative groups and other organisations in relation to decisions about the carrying out of integration functions. The Integration Joint Board, once established, will approve the involvement and Engagement plan. Feedback will be encouraged with internal and external stakeholders and the range of ways in which communities, groups and individuals can comment or share ideas will be explicit in all involvement and engagement activity.
- 9.4 In the development of the Involvement and Engagement plan the Integration Joint Board will take account of the Tayside Communications Framework and the Angus Involvement and Engagement Plan. These have been agreed by the Partners and include agreed principles and practice in line with the principles and practice endorsed by the Scottish Health Council and those set out in the National Standards for Community Engagement.
- 9.5 A Tayside Communications Framework and the Angus Involvement and Engagement Plan provide a framework for sharing information with the public and with staff.
- 9.6 An involvement and engagement work stream will support the development of the Involvement and engagement plan and identify key actions and issues.
- 9.7 The Integration Joint Board will ensure that the action and activity plans reflect the development needs of an interagency workforce and will be rolled-out across Angus, linking with the Angus Health and Social Care Organisational Development plan.
- 9.8 In the process of developing the Strategic Plan and related matters engagement will take place with all partners in accordance with section 33 of the Act.

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- 9.9 The Integration Joint Board will consider a range of ways in which to connect with all stakeholders. The Integration Joint Board will use existing consultation methods, for example consulting with and involving the Public Partners Network when planning and delivering public events to ensure that as many people as possible are reached.
- 9.10 The Tayside Communications Framework and the Angus Involvement and Engagement Plan will be reviewed annually with reports submitted to the Integration Joint Board in line with reviews of the Strategic Plan.
- 9.11 The Parties will make available service user/carer/patient participation and engagement teams to the Integration Joint Board as this relates to services delegated within the Integration Scheme.
- 9.12 The Parties will make available communication support to allow the Integration Joint Board to engage and participate.
- 9.13 The Tayside Communications Framework and Angus Involvement and Engagement Plan will be reviewed and where relevant amended within 6 months of the establishment of the Integration Joint Board

10. INFORMATION SHARING AND DATA HANDLING

- 10.1 Following a period of negotiation within the Tayside Data Sharing and Information Governance Group the Parties have agreed to use the Scottish Accord on the Sharing of Personal Information (SASPI) which was signed by each of the Chief Executives in 2014.
- 10.2 This agreed accord will be put to the Integration Joint Board, to be party to it, within three months of the establishment of the Integration Joint Board so that any resultant information sharing arrangements will be established and maintained within legislative or regulatory requirements in place at that time

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primarily with respect to consideration of confidentiality, data protection and privacy.

11. COMPLAINTS

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

- 11.1 The Parties 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.
- 11.2 The Parties agree the principle of early frontline resolution to complaints and have existing policies and procedures in place to achieve this.
- 11.3 The Parties agree that irrespective of the point of contact the Parties will show a willingness to efficiently direct complaints to ensure an appropriate response.
- 11.4 Due to different legislative requirements the Parties agree that no immediate change will be made to the way in which complaints are dealt with in each of the Parties and complaints will continue to be dealt with according to the policies and procedures in place for the Parties.
- 11.5 Where complaints cross the boundaries of health and social care the Parties are agreed that they will work together to achieve, where possible, a front line resolution and a joint response to a complaint.
- 11.6 The Parties 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 Party, completed within the timescales for the relevant procedure and monitored by the Chief Officer.

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

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

- 11.7 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.
- 11.8 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.
- 11.9 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 Parties when dealing with complaints about integrated services.
- 11.10 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 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 the Council .
- 11.11 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

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existing complaints procedures and will not create an additional complaint handling process.

- 11.12 Data sharing requirements relating to any complaint will follow the Information and Data sharing protocol set out in section 10 of this scheme.
- 11.13 Relevant performance information and lessons learned from complaints will be collected and reported in line with the Clinical & Care Governance section of this Scheme.
- 11.14 A joint complaints performance report will be produced annually for consideration by the Integration Joint Board.

12. CLAIMS HANDLING, LIABILITY & INDEMNITY

- 12.1 The Parties 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.
- 12.2 The Parties and the Integration Joint Board agree to ensure that any such claims are progressed quickly and in a manner which is equitable between them.
- 12.3 Scots Law (including common law and statutory rules) relating to liability will apply.
- 12.4 The Parties and the Integration Joint Board will assume responsibility for progressing and determining any claim which relates to any act or omission on the part of one of their employees.
- 12.5 The Parties and the Integration Joint Board will assume responsibility for progressing and determining any claim which relates to any building which is owned or occupied by them.

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12.6 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 the Parties and the Chief Officer (or their representatives) will liaise and determine which party should assume responsibility for progressing the claim.

13. RISK MANAGEMENT

13.1 The Parties and the Integration Joint Board will develop a Shared Risk Management strategy by 1 November 2015. The development of a shared strategy will ensure:

- 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.

13.2 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

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

13.4 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.

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13.5 The Parties 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..

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

14. DISPUTE RESOLUTION MECHANISM

14.1 In the event of a failure by the Parties to reach agreement between or amongst themselves in relation to any aspect of this Scheme or the integration functions then they will follow the process laid out below:

14.1.1 Either party can invoke this Dispute Resolution Mechanism by serving written notice of their intention to do so on the other Party. Such notice will be deemed to be received on the day following the issuing of the notice. The date following the issuing of the notice is herein referred to as “the relevant date”.

14.1.2 The Chief Executives of the Parties will meet, within 7 days of the relevant date, to attempt to resolve the issue;

14.1.3 If unresolved, and within 21 days of the relevant date, the Parties will each prepare a written note of their position on the issue and exchange it with the others;

14.1.4 In the event that the issue remains unresolved, representatives of the Parties will proceed to independent mediation with a view to resolving the issue.

14.1.5 Within 28 days of the relevant date, duly authorised representatives the Parties will meet with a view to appointing a suitable independent person to act as a mediator. If agreement

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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 and shall take place within 28 days of the mediator accepting appointment.

- 14.2 Where the issue remains unresolved after following the processes outlined in 14.1.1- 14.1.5 above, the Parties agree that they will notify Scottish Ministers that agreement cannot be reached.
- 14.3 The notification will explain the nature of the dispute and the actions taken to try to resolve the dispute including any written opinion or recommendations issued by the mediator.
- 14.4 The Parties agree to be bound by this determination of this dispute resolution mechanism.

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Annex 1

Part 1

Functions delegated by NHS Tayside to the Angus Integration Joint Board

Set out below is the list of functions that must be delegated by the NHS Tayside to the Angus Integration Joint Board as set out in the Public Bodies (Joint Working) (Prescribed Health Board Functions) (Scotland) Regulations 2014.

SCHEDULE 1

Regulation 2

Functions prescribed for the purposes of section 1(6) of the Act

<i>Column A</i>	<i>Column B</i>
The National Health Service (Scotland) Act 1978(a)	
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 9(b) (local consultative committees);
	section 17A (c) (NHS contracts);
	section 17C (d) (personal medical or dental services);
	section 17J(e) (Health Boards' power to enter into general medical services contracts);
	section 28A(f) (remuneration for Part II services);
	section 48 (g) residential and practice accommodation);
	section 57 (h) (accommodation and services for private patients);
	section 64 (i) permission for use of facilities in private practice);
	section 79 (j) (purchase of land and moveable property);
	section 84A() (power to raise money, etc., by appeals, collections etc.);
	section 86 (a) (accounts of Health Boards and the Agency);
	section 88 (b) (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) t (Health Boards);

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	and functions conferred by—
	The National Health Service (Charges to Overseas Visitors) (Scotland) Regulations 2000(d)
	The Health Boards (Membership and Procedure) (Scotland) Regulations 2001(e);
	The National Health Services (Primary Medical Services Performers Lists) (Scotland) Regulations 2004(f);
	The National Health Service (Primary Medical Services Section 17C Agreements) (Scotland) Regulations 2004(g);
	The National Health Service (General Ophthalmic Services) (Scotland) Regulations 2006(h);
	The National Health Service (Discipline Committees)(Scotland) Regulations 2006(i)
	The National Health Service(Appointment of Consultants) (Scotland) Regulations 2009(j)
	The National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009(k) and
	The National Health Service (General Dental Services) (Scotland) Regulations 2010(l)
Disabled Persons (Services, Consultation and Representation) Act 1986 (a)	
Section 7 (Persons discharged from hospital)	
Community Care and Health (Scotland) Act 2002(b)	
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 (c)	
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);
Education (Additional Support for Learning) (Scotland) Act 2004 (d)	
Section 23 (other agencies etc. to help in exercise of functions under this Act)	

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Public Health etc. (Scotland) Act 2008(e)	
Section 2 (duty of Health Boards to protect public health)	
Section 7 (joint public health protection plans)	
Public Services Reform (Scotland) Act 2010 (f)	
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(g)	
All functions of Health Boards conferred by, or by virtue of, the Patient Rights (Scotland) Act 2011	

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Angus Health and Social Care Integration Scheme

SCHEDULE 2

Regulation 3

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

<i>Column A</i>	<i>Column B</i>
The National Health Service (Scotland) Act 1978	
All functions of Health Boards conferred by, or by virtue of, the National Health Service (Scotland) Act 1978	Except functions conferred by or by virtue of—
	section 2(7) (Health Boards);
	section 2CB(a)(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(b) (use of accommodation)
	section 17J (Health Boards' power to enter into general medical services contracts);
	section 28A (remuneration for Part II services);
	section38 (c) (care of mothers and young children);
	section38A(d) (breastfeeding);
	section 39(e) (medical and dental inspection supervision and treatment of pupils and young persons);
	section 48 residential and practice accommodation);
	section 55(f) (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(a) (remission and repayment of charges and payment of travelling expenses);
	section 75B(b) (reimbursement of the cost of services provided in anther EEA state);
	section 75BA(c) reimbursement of the cost of services provided in anther EEA state where expenditure is incurred on or after 25 October 2013);
	section 79 (purchase of land and moveable property);
	section82(d)(use and administration of certain endowments and other property held by Health Boards);

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	section 83(e) (power of Health Boards and local health councils to hold property on trust);
	section 84A(f) (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(g) (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(h);
	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 2009 and
	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(a)

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Disabled Persons (Services, Consultation and Representation) Act 1986 (a)	
Section 7 (Persons discharged from hospital)	
Community Care and Health (Scotland) Act 2002(b)	
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 (c)	
All functions of Health Boards conferred by, or	Except functions conferred by—

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Angus Health and Social Care Integration Scheme

<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-opertaion)(b);</p> <p>section 38(duties on hospital managers: examination, notification etc.) (c);</p> <p>section 46(hospital managers' duties: notifications)(a);</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(b) (correspondence of certain persons detained in hospital);</p> <p>and functions conferred by-</p> <p>The Mental Health(Safety and Security)(Scotland) Regulations 2005(c)</p> <p>The Mental Health (Cross border transfer: patients subject to detention requirement or otherwise in hospital) (Scotland) Regulations 2005(d);</p> <p>The Mental Health (Use of Telephones) (Scotland) regulations 2005 (e); and</p> <p>The Mental Health (England and Wales Cross border transfer: patients subject to requirements other than detention) (Scotland) Regulations 2008(f).</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>	

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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(a).

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Angus Health and Social Care Integration Scheme

Services currently provided by NHS Tayside which are to be integrated

SCHEDULE 3

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(a); 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. The health care services listed for the purpose of regulation 3(3)(b) are-

(a) accident and emergency services provided in a hospital. (in Angus this will include children and young people)

(b) inpatient hospital services relating to the following branches of medicine—

- (i) general medicine;
- (ii) geriatric medicine;
- (iii) rehabilitation medicine;
- (iv) respiratory medicine; and
- (v) psychiatry of learning disability.

(c) palliative care services provided in a hospital.

(d) inpatient hospital services provided by general medical practitioners.

(e) services provided in a hospital in relation to an addiction or dependence on any substance.

(f) mental health services provided in a hospital, except secure forensic mental health services.

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PART 3

3. The health care services listed for the purpose of regulation 3(3)(c) are -
- (a) district nursing services.
 - (b) services provided outwith a hospital in relation to an addiction or dependence on any substance.
 - (c) services provided by allied health professionals in an outpatient department, clinic, or outwith a hospital.
 - (d) the public dental service.(in Angus this will include children and young people)
 - (e) 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(a); (in Angus this will include children and young people)
 - (f) general dental services provided under arrangements made in pursuance of section 25 of the National Health (Scotland) Act 1978(b); (In Angus this will include children and young people)
 - (g) ophthalmic services provided under arrangements made in pursuance of section 17AA or section 26 of the National Health Service (Scotland) Act 1978(c) (in Angus this will include children and young people)
 - (h)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(d).(in Angus this will include children and young people)
 - (i) services providing primary medical services to patients during the out-of-hours period.(in Angus this will include children and young people)
 - (j) services provided outwith a hospital in relation to geriatric medicine.
 - (k) palliative care services provided outwith a hospital.
 - (l) community learning disability services.(in Angus this will include children and young people)
 - (m) mental health services provided outwith a hospital.
 - (n) continence services provided outwith a hospital.
 - (o) kidney dialysis services provided outwith a hospital.(in Angus this will include children and young people)
 - (p) services provided by health professionals that aim to promote public health.(in angus this will include children and young people)

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Annex 2

Part 1

Functions delegated by Angus Council to the Angus Integration Joint Board

Set out below is the list of functions that must be delegated by Angus Council to the Angus Integration Joint Board as set out in the Public Bodies (Joint Working) (Prescribed Local Authority Functions etc.) (Scotland) Regulations 2014. Further local authority functions can be delegated as long as they fall within the relevant sections of the Acts set out in the Schedule to the Public Bodies (Joint Working) (Scotland) Act 2014;

SCHEDULE

Regulation 2

PART 1

Functions 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>
National Assistance Act 1948(a)	
Section 48 (duty of councils to provide temporary protection for property of persons admitted to hospitals etc.)	
The Disabled Persons (Employment) Act 1958(b)	
Section 3 (Provision of sheltered employment by local authorities)	
The Social Work (Scotland) Act 1968(c)	
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.

Angus Health and Social Care Integration Scheme

<i>Column A Enactment conferring function</i>	<i>Column B Limitation</i>
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.
Section 12AZA (assessments under section 12A - assistance)	So far as it is exercisable in relation to another integration function.
Section 12AA (assessment of ability to provide care.)	
Section 12AB (duty of local authority to provide information to carer.)	
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(a)	

Angus Health and Social Care Integration Scheme

<i>Column A Enactment conferring function</i>	<i>Column B Limitation</i>
Section 24(1) (The provision of gardening assistance for the disabled and the elderly.)	
Disabled Persons (Services, Consultation and Representation) Act 1986(b)	
Section 2 (rights of authorised representatives of disabled persons.)	
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(c)	
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

Angus Health and Social Care Integration Scheme

<i>Column A</i> <i>Enactment conferring function</i>	<i>Column B</i> <i>Limitation</i>
The Housing (Scotland) Act 2001(a)	
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(b)	
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(c)	
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(a)	
Section 71(1)(b) (assistance for housing purposes.)	Only in so far as it relates to an aid or adaptation.

Angus Health and Social Care Integration Scheme

<i>Column A</i> <i>Enactment conferring function</i>	<i>Column B</i> <i>Limitation</i>
The Adult Support and Protection (Scotland) Act 2007(b)	
Section 4 (council's duty to make inquiries.)	
Section 5 (co-operation.)	
Section 6 (duty to consider importance of providing advocacy and other.)	
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(a)	
Section 3 (support for adult carers.)	Only in relation to assessments carried out under integration functions.
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.)	

Angus Health and Social Care Integration Scheme

<i>Column A Enactment conferring function</i>	<i>Column B Limitation</i>
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.)	
Section 19 (promotion of options for self-directed support.)	

PART 2

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 Enactment conferring function</i>	<i>Column B 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(b)	

Part 3

Services currently provided by Angus Council which are to be integrated

Angus Health and Social Care Integration Scheme

Scottish Ministers have set out in guidance that the services set out below must be integrated. Further services can be added where they relate to delegated functions;

- Social work services for adults and older people
- Services and support for adults with physical disabilities and learning disabilities
- Mental health services
- Drug and alcohol services
- Adult protection and domestic abuse
- Carers support services
- Community care assessment teams
- Support services (Including Strategy Development, Staff Development, Protecting People, Finance, Human Resources)
- Care home services
- Adult placement services
- Health improvement services
- Aspects of housing support, including aids and adaptations and those areas of housing support that involve an indistinguishable overlap between personal care and housing support)
- Day services
- Local area co-ordination
- Respite provision
- Occupational therapy services
- Re-ablement services, equipment and telecare