



ANGUS INTEGRATION SCHEME

This 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>

Angus Health and Social Care Integration Scheme

Preamble

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, at part 2(a) and 2(b) of annex 1 and at part 3 of annex 2, 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

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adults. This will ensure that integration is responsive to local needs and not 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 Angus 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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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 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 Order” means The Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 (SI 2014 no 285).

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“National outcomes” means the National Health and Wellbeing Outcomes prescribed by the Scottish Ministers in Regulation 2 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 Integration Joint Board appointed by the Integration Joint Board in accordance with Section 10 of the Act.

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

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

“Hosted Services” means those services of the Parties more specifically detailed in Annex 1 Part 2(b) which, subject to consideration by the Integration Joint Boards through the Strategic Planning process, the Parties agree will be managed and delivered on a pan Tayside basis by a single Integration Joint Board;

“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 in accordance with Section 26 of the Act;

“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 “NHS Tayside and Tayside Integration Joint Boards 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 joint

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performance framework and reporting cycle to ensure performance is maintained and improved in line with the Strategic Plan of the Integration Joint Board and, as appropriate, neighbouring Integration 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

- 1.1 WHEREAS in implementation of their obligations under section 2 (3) of the Public Bodies (Joint Working)(Scotland) Act 2014 the Parties are required to jointly prepare an Integration Scheme for the area of the Local Authority setting out the information required under section 1(3) of the Act and the prescribed information listed in the Public Bodies (Joint Working) (Integration Scheme) (Scotland) Regulations 2014 (SSI number 341) therefore in implementation of these duties the Parties agree as follows:
- 1.2 In accordance with section 2(3) 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. This Scheme comes into effect on the date the Parliamentary Order to establish the Integration Joint Board comes into force.
- 1.3 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 to be 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(a) and Part 2(b) of Annexe 1 of the Scheme. Unless otherwise stated health functions are delegated only in relation to persons over the age of 18 years.
- 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. The description of the services to which these functions relate and which were

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provided by the Council prior to the Integration Joint Board being established is set out in Part 3 of Annex 2.

3 LOCAL GOVERNANCE ARRANGEMENTS

3.1 Membership of the Integration Joint Board will be determined in accordance with the Membership Order.

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

3.2 The term of office of a member of the Integration Joint Board is a maximum of three 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 member nominated by one of the Parties. The Party which has **not** nominated the chair will nominate the vice chair. The first chair and the first vice chair will hold office for a period of 12 months from the date of establishment of the Integration Joint Board. At the end of the period of 12 months the Party that previously nominated the chair will nominate the vice chair and the Party that previously nominated the vice chair will nominate the chair. The first chair will be drawn from Angus Council and the vice chair will be drawn from NHS Tayside.

4 LOCAL OPERATIONAL DELIVERY ARRANGEMENTS

The local operational arrangements agreed by the Parties are:

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- 4.1 The Integration Joint Board has the responsibility for the planning of services and is required by section 29 of the Act to prepare a Strategic Plan. The Strategic Plan must set out the arrangements for carrying out the integration functions and how these arrangements are intended to achieve or contribute to achieving the National Health and Wellbeing Outcomes.
- 4.2 The Integration Joint Board is responsible for operational governance and oversight of integrated services and through the Chief Officer is responsible for the operational management of integrated services excluding delegated acute services. The Integration Joint Board will direct the Parties to deliver these services in accordance with the Strategic Plan.
- 4.3 The Integration Joint Board will be responsible for the planning of acute services that are delegated, but NHS Tayside will be responsible for the operational oversight of acute services and, through the Acute Hospital Director, will be responsible for the operational management of acute services. NHS Tayside will provide information on a regular basis to the Chief Officer and the Integration Joint Board on the operational delivery of these services. Section 6 of this Integration Scheme provides further information on how the Chief Officer, on behalf of the Integration Joint Board, will carry out the operational governance and oversight of the delegated acute services and the relationship between the Acute Hospital Director and the Chief Officer.
- 4.4 Where an Integration Joint Board is also the lead partnership in relation to a hosted service in Annex 1 part 2(b) the Parties will recommend that:
- It is responsible for the operational oversight of such service(s);
 - Through its Chief Officer will be responsible for the operational delivery on behalf of all the Integration Joint Boards within NHS Tayside Health Board area;
 - Such lead partnership will be responsible for the strategic planning and operational budget of the hosted services in Annex 1 part 2(b).

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- 4.5 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.
- 4.6 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.
- 4.7 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.
- 4.8 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.
- 4.9 The Integration Joint Board will routinely receive from the Chief Officer and Chief Finance Officer for agreement and as relevant, approval the reports

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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 (provided by Chief Finance Officer) 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.

- 4.10 The Parties will develop a performance framework which will contain the lists of targets and measures that relate to the integration functions for which responsibility will transfer in full or part. The performance framework will also contain a list of targets and measures, which relate to the non-integrated functions of the partners that will have to be taken into account by the Integration Joint Board when preparing their Strategic Plan. The performance framework and the reporting cycle will be approved within three months of the establishment of the Integration Joint Board to ensure that performance is maintained and improved in line with the Strategic Plan.

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- 4.11 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.
- 4.12 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 Integration Joint Board activity, in order to be fully informed and equipped to undertake their duties.
- 4.13 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 Joint Boards Collaborative, on behalf of the parties and within three 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;
 - Improvement Academy;
 - Clinical Care and Risk Management ;
 - Change and Innovation;

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- Information Governance;
- Occupational Health (and Safety) 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.

- 4.14 In accordance with section 30(3) of the Act the Integration Joint Board is required to consult with the other Tayside Integration Joint Boards to ensure that Strategic Plans are appropriately coordinated for the delivery of integrated services across the Tayside area. 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.
- 4.15 NHS Tayside will consult with the Tayside Integration Joint Boards to ensure that the overarching Strategic Plan for acute services and any plan setting out the capacity and resource levels required for the set aside budget for such acute services is appropriately coordinated with the delivery of services across the Tayside area. The parties shall ensure that NHS Tayside and Tayside Integration Joint Boards' Collaborative will meet regularly to discuss such issues.
- 4.16 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.

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- 4.17 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.
- 4.18 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.
- 4.19 The Parties agree to use all reasonable endeavours to ensure that the other Tayside Integration Joint Boards and any other relevant Integration Authority will share the necessary activity and financial data for services, facilities and resources that relate to the planned use of resources by residents in their Integration Authority area.
- 4.20 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

- 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.
- 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

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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.
- 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;

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- Regulation, 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 NHS Tayside Executive Medical and Nursing Directors share accountability for Clinical and Professional Governance across NHS Tayside as a duty delegated by NHS Tayside.
- 5.11 The NHS Board appointed Medical Practitioner whose name is included in the list of primary medical services performers prepared by the Health Board in accordance with Regulations made under section 17P of the National Health Service (Scotland) Act 1978(2), 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.
- 5.12 A registered nurse who is employed by the Health Board or by a person or body with which the Health Board has entered into a general medical services contract, or their depute, will provide professional advice to the Chief Officer and the Integration Joint Board in respect of the overview and

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consistency of the Clinical and Care Governance and Professional Governance Framework.

- 5.13 A registered medical practitioner employed by the Health Board and not providing primary medical services, or their depute, will provide professional advice to the Chief Officer and the Integration Joint Board in respect of the overview and consistency of the Clinical and Care Governance and Professional Governance Framework.
- 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 Annex 3 provides details of the Clinical and Care Governance structure as it relates to the Integration Joint Board and the Parties. This includes details of how the Area Clinical Forum, Managed Care networks, Local Medical Committees, other appropriate professional groups and the Public Protection Committee are able to provide advice directly to the Tayside Joint Forum.
- 5.18 The Tayside Joint Forum (R1) will bring 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

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

- 5.19 An Operational and Professional Forum, for Angus, consisting of a range of professionals and managers will be established within three 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.
- 5.20 The role of the Tayside Clinical and Care Governance and Professional Governance group and sub groups will be to consider matters relating to:
- Strategic Plan development ;
 - Governance ;
 - Risk management ;
 - Service user feedback and complaints ;
 - Standards ;
 - Education ;
 - Learning;
 - Continuous improvement ;
 - Inspection activity.
- 5.21 The Tayside Clinical and Care Governance and Professional Governance Joint Forum and the Local Joint Forum will provide assurance to the Integration Joint Board. Information will be used to provide oversight and guidance to the Angus Strategic Planning Group in respect of Clinical and Care Governance and Professional Governance, for the delivery of health

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and social care services across the localities identified in their Strategic Plan.

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

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 At the request of the Integration Joint Board the Chief Executives 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 otherwise unable to carry out their functions for a period exceeding two weeks.
- 6.2 The Parties agree that the Chief Officer will be responsible for the operational management and performance of integrated services, except delegated acute services, that are delegated to the Integration Joint Board. The Chief Officer will have oversight of delegated acute services. 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.

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6.3 The Acute Hospital Director will be a single point of operational management 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 NHS Tayside and Tayside Integration Joint Boards 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 operational management and performance of integrated services and for the oversight of delegated acute 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.

6.6 The Chief Officer is the Accountable Officer for Health and Social Care Integration to the Integration Joint Board in all matters except finance. The Chief Finance Officer is responsible for the proper administration of the Integration Joint Board's financial affairs. 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.

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- 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.

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

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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 on the financial resources used for operational delivery.
- 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 Finance 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 Finance Officer will give consideration to areas of adjustment of budget requisitions in light of actual or projected performance (where applicable for each Party) and taking into account the Parties

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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 Finance 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 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 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 basis and include, as a minimum, annual budget, full year outturn projection and commentary on material variances. All Integration Joint Board reports will be shared with the Parties simultaneously. To assist with the above the Parties 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.

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

NHS Tayside will provide financial information to the Chief Finance 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.

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

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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:

- 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

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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 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 frequency and timing of payment during the course of the financial year, year end adjustment for final actuals and whether payments are based upon budgeted, projected or actual spend will be agreed between the Parties and the Integration Joint Board.

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.

8.29 Following the 1st financial year, the Chief Finance 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.

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- 8.30 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 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 were:

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;

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Carers of users of social care;
Commercial providers of social care;
Non-commercial providers of social care;
Staff of NHS Tayside and Angus Council;
Union and staff representatives;
Non-commercial providers of social housing;
Third sector bodies carrying out activities related to health or social care;
General Public;
Elected members of Angus Council;
Angus Shadow Health and Social Care Integration Joint Board

9.3 A range of engagement methods were used to consult on the Scheme:

- A questionnaire 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 Angus Council and NHS Tayside;
- A joint press release which informed the public of 'pop up' events in their locality;
- Pop up events took place in localities;
- Electronic team briefings for staff and staff drop in events in a range of venues;
- Briefings with Elected Members of Angus Council and with Angus Health and Social Care Integration Joint Board.

9.4 The Parties will support the Integration Joint Board to prepare an 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. 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.

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- 9.5 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.
- 9.6 The Tayside Communications Framework and the Angus Involvement and Engagement Plan provide a framework for sharing information with the public and with staff.
- 9.7 An involvement and engagement work stream will support the development of the involvement and engagement plan and identify key actions and issues.
- 9.8 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 Workforce and Organisational Development Strategy.
- 9.9 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.
- 9.10 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.
- 9.11 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.

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- 9.12 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.
- 9.13 The Parties will make available communication support to allow the Integration Joint Board to engage and participate.
- 9.14 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 Along with a number of other stakeholders the Parties are members of the Tayside Data Sharing and Information Governance Group which is a group that ensures there are appropriate high level information sharing protocols in place to govern information sharing and data handling arrangements. The Parties will ratify the use of the Scottish Accord on the Sharing of Personal Information (SASPI).
- 10.2 SASPI provides a statement of principles on data sharing issues and general guidance to staff on:
- Sharing information ;
 - Specific purposes served ;
 - People it impacts upon;
 - Relevant legislative powers ;
 - What data is to be shared;
 - Consent processes;
 - Required operational procedures;
 - Procedures for review.

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- 10.3 Within three months of the establishment of the Integration Joint Board the Parties will request the Tayside Data Sharing Information and Governance Group extends an invitation to the Integration Joint Board to become a member and will invite the Integration Joint Board to be a party to SASPI.
- 10.4 The Parties will work together to ensure that SASPI is reviewed on a two yearly basis and that as part of this process the views of the Integration Joint Board will be canvassed and considered.
- 10.5 Within three months of the establishment of the Integration Joint Board the Parties will develop and agree an Information Sharing Agreement to define the processes and procedures that will apply to sharing information for any purpose connected with the preparation of a Strategic Plan or the carrying out of the integration functions. The Integration Joint Board will be invited by the parties to review the Information Sharing Agreement and become a party to it.
- 10.6 The Parties undertake to review the Information Sharing Agreement on an annual basis with the Integration Joint Board.

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.

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- 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.

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

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- 11.8 External service providers will be required to have a complaints procedure in place. Where complaints are received that relate to a service provided by an external provider the lead organisation will refer the complainant to the external service provider for resolution of their complaint.
- 11.9 All complaints will be investigated and responded to according to the lead organisation's procedure, completed within the timescales for the relevant procedure and monitored by the Chief Officer.
- 11.10 The Chief Officer will have an overview of complaints related to integrated functions and will provide a commitment to joint working, wherever necessary, between the Parties when dealing with complaints about integrated services.
- 11.11 If a complaint remains unresolved complainants will be informed of their right to go either to the Scottish Public Services Ombudsman for services provided by NHS Tayside, or 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.
- 11.12 This arrangement will respect the statutory and corporate complaints handling processes currently in place for health and social care services. This arrangement will benefit carers and service users by making use of existing complaints procedures and will not create an additional complaint handling process.
- 11.13 Data sharing requirements relating to any complaint will follow the Information and Data sharing protocol set out in section 10 of this scheme.
- 11.14 Relevant performance information and lessons learned from complaints will be collected and reported in line with the Clinical & Care Governance section 5 of this Scheme.

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11.15 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.

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

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- 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 consist of:
- Identification, assessment and prioritisation of risk related to the delivery of services, particularly those which are likely to affect the Integration Joint Board's delivery of the Strategic Plan;
 - Identification and description of processes for mitigating these risks;
 - Agreed reporting standards.
- 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.
- 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.

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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 seven 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 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.

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- 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 will be delegated by NHS Tayside to the Angus Integration Joint Board as set out in the Public Bodies (Joint Working) (Prescribed Health Board Functions) (Scotland) Regulations 2014. The functions in this list are being delegated only in respect of the services described in Annex 1 part 2(a) and Part 2(b)

Functions prescribed for the purposes of section 1(6) and 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(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);
	section 38 (c) (care of mothers and young children);
	section 38A(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);	

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Column A	Column B
	section 75A(a) (remission and repayment of charges and payment of travelling expenses);
	section 75B(b) (reimbursement of the cost of services provided in another EEA state);
	section 75BA(c) (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(d) (use and administration of certain endowments and other property held by Health Boards);
	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;

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Column A	Column B
	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)
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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Column A	Column B
<p>by virtue of, the Mental Health (Care and Treatment) (Scotland) Act 2003.</p>	<p>section 22 (Approved medical practitioners);</p> <p>section 34 (inquiries under section 33:co-operation)(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>
Education (Additional Support for Learning) (Scotland) Act 2004	
<p>Section 23 (other agencies etc. to help in exercise of functions under this Act)</p>	
Public Services Reform (Scotland) Act 2010	

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

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PART 2(a)

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

- Accident and emergency services provided in a hospital (*in Angus this will include children and young people*)
- Inpatient hospital services relating to the following branches of medicine:
 - General medicine
 - Geriatric medicine;
 - Rehabilitation medicine;
 - Respiratory medicine;
 - Psychiatry of learning disability.;
- Palliative care services provided in a hospital
- Inpatient hospital services provided by general medical practitioners
- Services provided in a hospital in relation to an addiction or dependence on any substance
- Mental health services provided in a hospital, except secure forensic mental health services.
- District nursing services
- Services provided out with a hospital in relation to addiction or dependence on any substance
- Allied health professionals in an outpatient department, clinic, or out with a hospital
- Public dental services (*In Angus this will include children and young people*)

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- Primary medical services *(in Angus this will include children and young people)*
- General dental services *(in Angus this will include children and young people)*
- Ophthalmic services *(in Angus this will include children and young people)*
- Pharmaceutical services *(in Angus this will include children and young people)*
- Primary care out-of-hours *(in Angus this will include children and young people)*
- Geriatric medicine
- Palliative care
- Community learning disability services *(in Angus this will include children and young people)*
- Mental health services provided out with a hospital
- Continence services provided out with a hospital
- Home renal dialysis services *(in Angus this will include children and young people)*
- Services provided by health professionals that aim to promote public health *(in Angus this will include children and young people)*

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Part 2(b)

The following services, which are currently planned and delivered on a pan Tayside basis, will also be delegated and the Parties recommend that they are hosted by **Dundee Integration Joint Board** on behalf of the other Tayside Integration Joint Boards;

- Psychology services
- Sexual and Reproductive Health services **(in Dundee this will include children and young people)**
- Homeopathy service
- Specialist Palliative Care
- The Centre for Brain Injury Rehabilitation (CBIRU)
- Eating disorders
- Dietetics
- Medical Advisory Service
- Tayside Health Arts Trust
- Keep Well
- Psychotherapy

The following services, which are currently planned and delivered on a pan Tayside basis, will also be delegated and the Parties recommends that they are hosted by **Angus Integration Joint Board** on behalf of the other Tayside Integration Joint Boards;

- Locality Pharmacy
- Primary Care Services (excludes the NHS Board administrative, contracting and professional advisory functions)
- GP Out of Hours
- Forensic Medicine
- Continence service
- Speech and Language Therapy

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The following services, which are currently planned and delivered on a pan Tayside basis, will also be delegated and the Parties recommends that they are hosted by **Perth and Kinross Integration Joint Board** on behalf of the other Tayside Integration Joint Boards:

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

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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 will 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.

Functions prescribed for the purposes of section 1(7) of the Public Bodies (Joint Working) (Scotland) Act 2014

Column A Enactment conferring function	Column B Limitation
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.
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.

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

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Column A Enactment conferring function	Column B Limitation
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
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)	

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Column A Enactment conferring function	Column B Limitation
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.
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.)	

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Column A Enactment conferring function	Column B Limitation
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 5 (choice of options: adults.)	
Section 6 (choice of options under section 5: assistances.)	
Section 7 (choice of options: adult carers.)	
Section 9 (provision of information about self-directed support.)	
Section 11 (local authority functions.)	
Section 12 (eligibility for direct payment: review.)	
Section 13 (further choice of options on material change of circumstances.)	Only in relation to a choice under section 5 or 7 of the Social Care (Self-directed Support) (Scotland) Act 2013 .
Section 16 (misuse of direct payment: recovery.)	
Section 19 (promotion of options for self-directed support.)	
Carers (Scotland) Act 2016	
Section 6 (duty to prepare adult carer support plan)	
Section 21 (duty to set local eligibility criteria)	
Section 24 (duty to provide support)	

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Column A Enactment conferring function	Column B Limitation
Section 25 (provision of support to carers: breaks from caring)	
Section 31 (duty to prepare local carer strategy)	
Section 34 (information and advice service for users)	
Section 35 (short breaks services statements)	

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

Column A Enactment conferring function	Column B Limitation
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

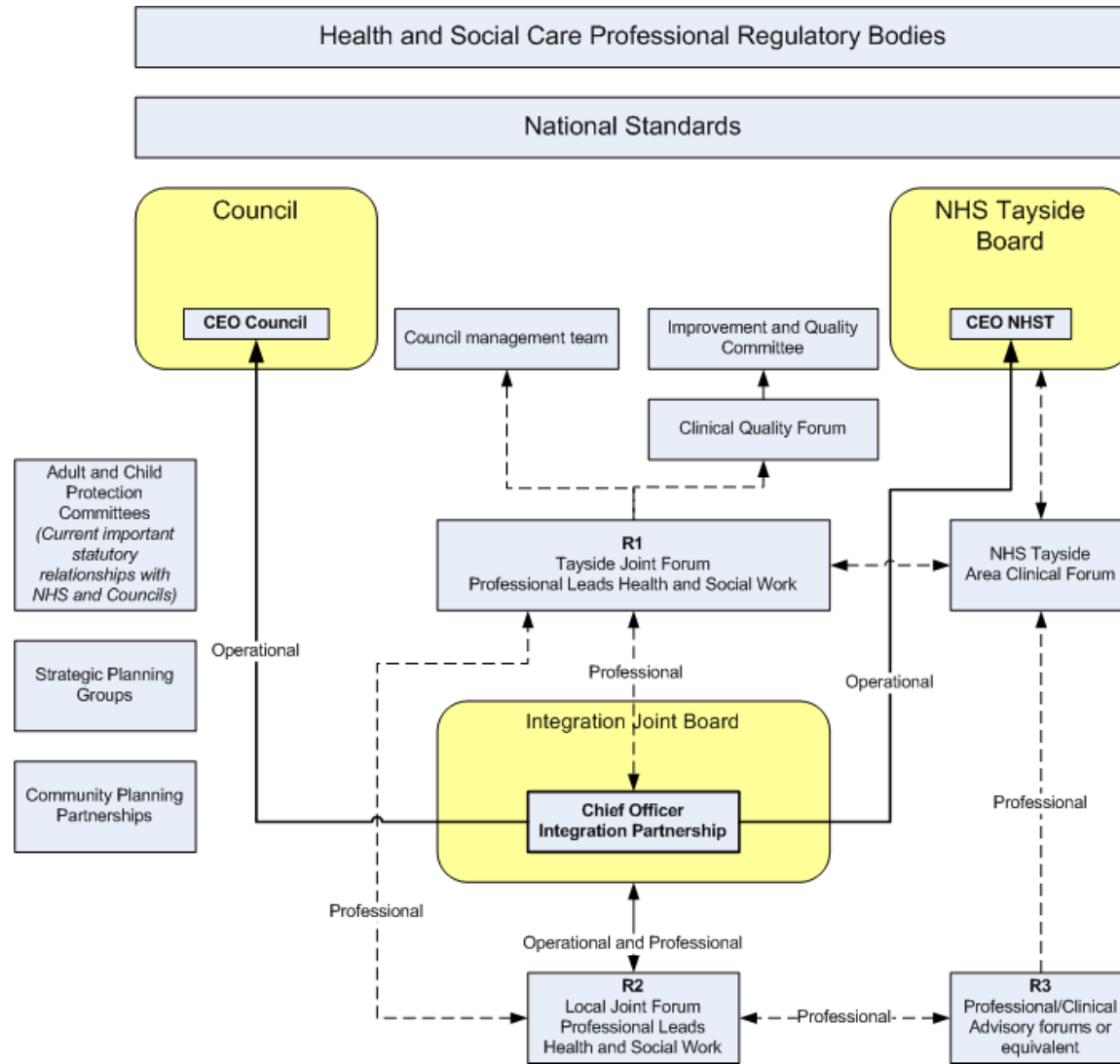
- Social work services for adults and older people
- Services and support for adults with physical disabilities and learning disabilities
- Mental health services

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- 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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Accountability for Clinical and Care Governance and Professional Governance



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

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	<p>cooperation with other departments and executives, and in accordance with standards of good Nursing and Midwifery practice.</p>
<p>Pharmacy Director NHS Tayside</p>	<ul style="list-style-type: none"> • The director of pharmacy position is responsible and accountable for the operation and management of the Pharmacy Department. • In addition, the incumbent will plan, organise and implement hospital pharmacy policies and procedures in accordance with established policies of the hospital in cooperation with other departments and executives, and in accordance with accepted standards of good pharmacy practice.
<p>Director of Allied Health Professions (AHP) NHS Tayside</p>	<ul style="list-style-type: none"> • To provide leadership, assurance and professional accountability of Allied Health Professionals (AHP) within the Health Board. Reporting and providing professional leadership, escalating and managing strategic portfolios. • In addition, the incumbent will plan, organise and implement policies and procedures in cooperation with other departments and executives, and in accordance with standards of good AHP practice recognising the diversity of 12 distinct professions.
<p>Associate Medical Director Primary Care & Independent Contractors NHS Tayside</p>	<ul style="list-style-type: none"> • The Associate Medical Director (AMD) supports strategic objectives through oversight of high quality primary care services that are safe and efficient. • Specifically the AMD will be accountable for independent contractors within Tayside and their role in provision of services. • The AMD is responsible for the safety and capability of the independent contractor workforce, providing assurance to the Medical Director.
<p>Chair Area Clinical Forum NHS Tayside</p>	<ul style="list-style-type: none"> • The function of the Clinical Area Forum Chair is to review the business of Professional Advisory Committees to ensure a co-ordinated approach to clinical matters across professions and the organisation. • Other duties include providing a clinical perspective on National Policy, NHS Board plans and the strategy, engaging clinicians in service design and improvement, spreading best practice and encouraging multi-professional working

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Tayside Clinical and Care Governance and Professional Governance Forum

Terms of Reference

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

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

Roles and Responsibilities:

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

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

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

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

Terms of Reference:

To be agreed locally