



Orkney Integration Scheme

Between

Orkney Islands Council

And

NHS Orkney

Date.	Issue.	Sections revised.	Status.	Distribution.
02.02.15.	V1.		Consultation.	Public Consultation.
16.03.15.	V2.		Final draft.	Integrated Programme Board.
24.03.15.	V3.		Consultation feedback.	Orkney Islands Council.
26.03.15.	V3.		Consultation feedback.	NHS Orkney.
31.03.15.	V4.		OIC/NHSO amendments.	OIC/NHSO.
15.05.15.	V5.		Amendments (GM) following feedback from Scot Gov.	OIC/NHSO.
23.07.15.	V6.		Amendments (CC) to update outstanding text and to redraft care and clinical governance section.	OIC/NHSO.
27.07.15.	V7.		Review of draft (GM, CG, CS and CC) presented to Integration Programme Board (23.7.15).	OIC/NHSO.
30.07.15.	V8.		Final updated draft (CC).	GM/JT/CG/CS/LW.
10.08.15.	V8(2).		Version with proposed amendment from AB at 9.3.	GM/AB/CC/CS (not yet agreed by NHS Orkney).
16.09.15.	V9.		Version with added finance (acute set aside) budget.	CC (to be agreed by OIC delegated to Convener and CEO and to be agreed by NHS Orkney).
29.09.15.	V10.		Version with amendments received from Govt colleagues.	CC (to be agreed by OIC delegated to Convener and CEO and to be agreed by NHS Orkney).
13.10.15.	V11.		Updated.	CC (to be agreed by OIC delegated to Convener and

Date.	Issue.	Sections revised.	Status.	Distribution.
				CEO and to be agreed by NHS Orkney).
19.10.15.	V12.		Updated.	CC and GM (agreed by both OIC and NHS Orkney).
12.01.18.	V13.	Annex 1 and Annex 2.	Updated.	CEO NHS Orkney and CEO OIC.

Contents

Orkney Integration Scheme.....	1
1. Introduction and Background.....	5
1.1. Foreword.....	5
1.2. Aims and Outcomes of the Integration Scheme.....	6
1.3. Our Vision, Our Shared Commitments and Values.....	7
2. Integration Scheme.....	10
2.1. The Parties.....	10
2.2. Definitions and Interpretation.....	10
2.3. Local Governance Arrangements.....	11
2.4. Membership.....	11
2.5. Delegation of Functions.....	12
2.6. Local Operational Delivery Arrangements.....	12
2.7 Clinical and Care Governance.....	15
2.8. Chief Officer.....	16
2.9. Workforce.....	17
2.10. Finance.....	18
Annex 1. (Part 1). Functions that are to be delegated by the Health Board (NHS Orkney) to the Integration Joint Board.....	30
Annex 1 (Part 2). Services currently provided by Health Board which are to be integrated.....	33
Annex 2 (Part 1). Functions delegated by Orkney Islands Council to the Board. .	35
Part 1.	35
Part 2.	45
Annex 2 (Part 2). Services currently provided by Orkney Islands Council which are to be integrated.....	46

1. Introduction and Background

1.1. Foreword

1.1.1. The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) requires Health Boards and Local Authorities (the Parties) to integrate planning for, and delivery of certain adult health and social care services. The Parties can also choose to integrate planning and delivery of other services including additional adult health and social care services beyond the minimum prescribed by Ministers and children's health and social care services.

1.1.2. The Act requires the Parties to prepare, agree and consult on an integration scheme setting out how this joint working is to be achieved. There is a choice of ways in which the Parties may do this:

- The Health Board and Local Authority delegate the responsibility for planning, resourcing and operational oversight of integrated health and social care services to a third body called an Integration Authority or Integration Joint Board (under section 1(4) (a) of the Act). This integration model is commonly referred to as a Body Corporate arrangement.
- The Health Board or Local Authority takes the lead responsibility for planning, resourcing and delivery of integrated health and social care services (under Section 1 (4) (b) (c) and (d) of the Act). This integration model is commonly referred to as a lead agency arrangement.

1.1.3. In Orkney, the Health Board and Local Authority (under section 9) have opted to delegate functions to an Integration Joint Board. This Board is a separate legal entity.

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

1.1.5. As a separate legal entity the Integration Joint Board (Board) has full autonomy to act on its own behalf and can accordingly make decisions in regard to its responsibilities and functions as it sees fit. However, the legislation that underpins the Board requires that its voting members are appointed by the Health Board and Local Authority and whilst serving on the Board its members shall carry out their functions under the Act on behalf of the Board itself, and not as members of their respective Health Board or Local Authority. It is therefore important that because the same individuals will sit on the Board and the Health Board or Local Authority, accurate recording keeping and minute taking will be essential for transparency and accountability purposes.

1.1.6. The Board is responsible for the strategic planning and oversight of functions delegated to it and for ensuring the delivery of these functions through the Chief Officer and locally agreed operational arrangements as set out within section 5 of this Integration Scheme. However, the Act provides that NHS Orkney and Orkney Islands Council, acting jointly, can require the Board to replace their Strategic Plan in certain circumstances given that the Parties are jointly accountable for the delivery of

improvements in health and wellbeing, people's experience of services and achieving sustainable and affordable service for Orkney in the long term.

1.2. Aims and Outcomes of the Integration Scheme

1.2.1. Orkney's Integration Scheme is a legally binding contract between Orkney Islands Council and NHS Orkney ('the Health Board'). Orkney's Integration Scheme will establish a 'body corporate' arrangement as set out in section 1 (4) (a) of the Public Bodies (Joint Working) (Scotland) Act.

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

- People are able to look after and improve their own health and wellbeing and live in good health for longer.
- People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
- People who use health and social care services have positive experiences of those services, and have their dignity respected.
- Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
- Health and social care services contribute to reducing health inequalities.
- People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing.
- People using health and social care services are safe from harm.
- People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
- Resources are used effectively and efficiently in the provision of health and social care services.

1.2.3. The Purpose of the Integration Joint Board (Board) is to plan, resource and oversee the delivery of high quality health and social care services for and with the people of Orkney.

1.2.4. The national outcomes for Children are:

- Our children have the best start in life and are ready to succeed.
- Our young people are successful learners, confident individuals, effective contributors and responsible citizens.
- We have improved the life chances of children, young people and families at risk.

1.2.5. The national outcomes and standards for Social Work Services in the Criminal Justice System are:

- Community safety and public protection.
- The reduction of re-offending.
- Social inclusion to support desistance from offending.

1.3. Our Vision, Our Shared Commitments and Values

1.3.1. Progress before 2015

1.3.1.1. Orkney Islands Council and NHS Orkney through their respective Chief Executives have worked hard since late 2010 to build up an integrated approach and culture to address:

- Tomorrow's workforce.
- Tomorrow's services.
- Tomorrow's workplace.

1.3.1.2. At this time the Chief Executives, along with the NHS Board and Orkney Islands Council, provided leadership to direct and implement a significant change agenda that has resulted in a fully integrated single line management and professional structure, as well as integrated teams for both adult and children's services.

1.3.1.3. As a consequence of this change 'tomorrow's workforce' has resulted in an integrated adult and children's health and social care structure supported by a professional structure to provide supervision and advice to registered practitioners as well as managers. This integrated structure involved trade union and staff side colleagues in shaping the structure, the roles including job descriptions and the honorary contracts that are now well established.

1.3.1.4. Independent evaluation of the integrated structure was undertaken and staff were encouraged to participate in this review. Findings from the review were very positive and issues highlighted are now part of our ongoing organisational and workforce development programmes.

1.3.1.5. In regard to tomorrow's services we established a number of cross cutting themes that went beyond our traditional NHS and social care boundaries and included community planning partners as we looked to invest in Orkney as a place to live, to work and to learn in and a place of opportunities especially for those disadvantaged by disability.

1.3.1.6. In regard to tomorrow's workplace we were less successful in sharing our facilities and our ambitious shared services agenda to include catering, cleaning and transport, although locally discussions have once again begun to revisit some of this earlier work.

1.3.1.7. In summary, our early work to establish an integrated community health and social care partnership, commonly known as Orkney Health and Care has given us a

solid foundation to build on. In addition earlier work on performance management at a NHS Board level to incentivise changes in service models and practice as described in our Outline Business Case (new hospital and healthcare facility) will provide a useful mechanism to accelerate NHS Orkney's 'Our Orkney, Our Health – transforming services' programme in partnership with Orkney Islands Council and the Integration Joint Board.

1.3.1.8. Equally, Orkney Islands Council has embarked on a Change Programme to improve the efficiency and effectiveness of its services and systems. Orkney Islands Council and NHS Orkney recognise the opportunities these transformation programmes will offer, working with the Integration Joint Board in streamlining services.

1.3.2. Future for Integration

1.3.2.1. Our vision: 'We help the people of Orkney live longer, healthier and more independent lives within their own homes and communities wherever possible'.

1.3.2.2. Our shared commitments: 'We promise to work together with you, your families/unpaid carer(s) and our third and independent sector colleagues to:

- Make it easier for you to access information, support and services through a single point of contact and so reduce health inequalities.
- Promote independence and choice by giving you more control.
- Deliver better, more convenient and co-ordinated services to enable you to live in your own home and community for as long as possible.
- Ensure your 'unpaid' carer(s) are adequately supported.
- Improve outcomes and personal experiences for you and your families/unpaid carer.
- Encourage ongoing engagement with you, your families/unpaid carer (s) and the wider community.
- Support local empowerment as part of a locality based approach.
- Develop a culture of collaboration and co-operation amongst partners.
- Utilise and make best use of our delegated resources.'

1.3.2.3. Our values: 'You and your families/unpaid carer(s) can expect:

- To be treated with dignity and respect and for us to respect your rights.
- For us to show compassion by taking the time to listen, to talk and do the things that matter to you.
- To receive high quality care and when you don't, we will listen and act on your feedback so we can learn, improve and do better next time.
- For us to be consistent and reliable and do what we say we will.
- For us to work with you and your family, unpaid carer(s)) and our colleagues so that we can anticipate and respond to your needs proactively.

- For us to communicate (as individuals, teams and organisations) effectively, keeping you and your families /unpaid carer(s) informed and involved and providing explanation if something has not happened.
- And for our workforces we will give them the support and trust they need to help them deliver high quality information, support and services.'

1.3.2.4. We would want to acknowledge our thanks to those people, members of staff and partners who contributed to the Integration Scheme consultation process. Both Orkney Islands Council and NHS Orkney will respond to the points raised by people and/or groups who provided their contact details. NHS Orkney and Orkney Islands Council will also ensure that feedback received is shared with colleagues developing the Strategic Plan.

For those people who wanted maternity (community) services to be delegated, the NHS Board in its deliberations agreed that the midwifery only element of the service be delegated to the Integration Joint Board to oversee.

2. Integration Scheme

2.1. The Parties

Orkney Islands Council established under the Local Government (Scotland) Act 1994 and having its offices at School Place, Kirkwall, Orkney KW15 INY ('the Council').

Orkney Health Board established under section 2(1) of the National Health Service (Scotland) Act 1978 and having its offices at Garden House, New Scapa Road, Kirkwall, Orkney KW15 IBQ ('the Health Board') (together referred to as 'the Parties').

2.1.1. In implementation of their obligations under the Act, the Parties hereby agree as follows:

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

2.2. Definitions and Interpretation

2.2.1. In this Integration Scheme, the following terms shall have the following meanings:

- 'The Act' means the Public Bodies (Joint Working) (Scotland) Act 2014.
- 'The Parties' means Orkney Islands Council and Orkney Health Board (commonly referred to as NHS Orkney).
- 'Outcomes' means the Health and Wellbeing Outcomes prescribed by the Scottish Ministers in Regulations under section 5(1) of the Act.
- 'Integration Joint Board Order' means the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014.
- 'Scheme' means this Integration Scheme.
- 'The Board' means the Integration Joint Board to be established by Order under section 9 of the Act.
- 'Chair' means the Chair of the Integration Joint Board.
- 'The Chief Officer' means the Chief Officer of the Integration Joint Board whose role is defined in section 7 of this Integration Scheme.
- 'Chief Financial Officer' means the officer responsible for the administration of Integration Joint Board's financial affairs appointed under section 95 of the Local Government (Scotland) Act 1973.
- 'Strategic Plan' means the Plan which the Integration Joint Board is required to prepare and implement in relation to the delegated provision of health and social care services to adults and children in accordance with section 29 of the Act.

2.3. Local Governance Arrangements

2.3.1. In accordance with the Act, the Integration Joint Board (Board) has a legal personality distinct from the Parties, and the consequent authority to manage itself to:

- Prepare and implement a Strategic Plan in relation to the provision of health and social care services in accordance with the Act.
- Oversee the delivery of services delegated by the Parties in pursuance of the Strategic Plan.
- Allocate and manage the delegated budget in accordance with the Strategic Plan.

2.3.2. There is no role for either Party to independently sanction or veto decisions of the Board. However, the Act provides the Health Board and the Local Authority, acting jointly, to require the Board to replace their Strategic Plan in certain circumstances given the Parties are jointly accountable for the delivery of improvements in health and wellbeing, people's experience of services and achieving sustainable and affordable services for Orkney in the long term.

2.4. Membership

2.4.1. Voting Members

- Three Elected Members of the Council.
- Three Non-Executive Directors of the Health Board, although article 3(5) of the Integration Joint Board Order permits otherwise if necessary.

2.4.2. Co-opted Non-voting Members

- The Chief Officer of the Integration Joint Board (Board).
- The Chief Financial Officer of the Board.
- Senior clinicians including a GP, a consultant working in the acute sector locally and a senior nurse.
- The Council's Chief Social Work Officer.
- A patient/service user representative.
- A carer's representative.
- A representative of the third sector.
- A staff representative from each of the Parties.

2.4.3. Chair and Vice-chair

2.4.3.1. An Elected Member of the Council will be appointed to the role of Chair/Vice Chair by the Council and be one of the Elected Members on the Board.

2.4.3.2. A Non-Executive Member of the Health Board will be appointed to the role of the Chair/Vice Chair by the Health Board and be one of the Non- Executive Health Board Members on the Board.

2.4.3.3. The first Chair of the Board will be from the Council and the Vice Chair will be from the Health Board.

2.4.4. Period of Office

2.4.4.1. The initial appointment of the Chair and Vice Chair will be until the end of April 2017. The Chair and Vice Chair will then rotate every two years. The Chair will not have a casting vote. All other appointments with the exception of the Chief Officer, Chief Financial Officer of the Board and the Chief Social Work Officer, who are members of the Board by virtue of the Regulations and the post they hold, will be for a period of two years.

2.4.4.2. In addition, individual Board appointments will be made as required when a position becomes vacant for any reason. Any member of the Board can be appointed for a further term.

2.4.4.3. The standing orders of the Board shall set out the dispute resolution mechanism to be used in the case of an equality of votes cast in relation to any decision put to a meeting of the Board. The Chair does not have a casting vote.

2.5. Delegation of Functions

2.5.1. The functions that are to be delegated by NHS Orkney to the Integration Joint Board (Board) are set out in Part 1 of Annex 1. The services to which these functions relate, which are currently provided by NHS Orkney and which are to be integrated are set out in Part 2 of Annex 1. The functions in Part 1 are being delegated only to the extent that they relate to services listed in Part 2 of Annex 1.

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

2.5.3. Both adult and children's services are included within this Integration Scheme.

2.5.4. In exercising its functions, the Board must take into account the Parties' requirements to meet their respective statutory obligations. Apart from those functions delegated by virtue of this Integration Scheme, the Parties retain their distinct statutory responsibilities and formal decision making roles.

2.6. Local Operational Delivery Arrangements

2.6.1. Responsibilities of the Integration Joint Board (Board) on behalf of the Parties

2.6.1.1. The Board has the responsibility for the planning of Services. This will be achieved through the Strategic Plan.

2.6.1.2. The Board has responsibility for the operational oversight of Integrated Services.

2.6.1.3. In this regard NHS Orkney (the Health Board) and Orkney Islands Council will support the Board to fulfil its operational oversight role whilst remaining accountable for the operational delivery of health and care services which will be through the Chief Officer who in this regard is also responsible to the Board. The Chief Officer will be line managed by the Chief Executives of both Parties.

2.6.1.4. The Board will be responsible for the planning of those limited Acute Hospital services delegated to it. NHS Orkney will be responsible for the operational delivery and management of all Acute Services. The Chief Officer and Senior Manager responsible for the delivery and management of Hospital services will establish joint arrangements to ensure effective working relationships across the whole health and care system. NHS Orkney will provide information on a regular basis to the Board on the operational delivery of all Acute Services and associated spend.

2.6.1.5. The Chief Officer will become a member of the Senior Management Teams of both NHS Orkney and Orkney Islands Council to ensure strategic links are maintained for the purposes of overall planning and policy development.

2.6.1.6. The Parties will support the Board to work closely with Orkney's Community Planning Partnership Board to help contribute to the delivery of the wider community planning objectives notably addressing inequalities.

2.6.2 Corporate Support Services

2.6.2.1. The Parties will provide appropriate corporate support to the Board as required and negotiated between the Board and the Parties. The detail of the agreement between the parties and the Board in this regard will be set out in Supplementary Documentation to this Integration Scheme. The agreement will include, but not be limited to the following service areas:

- Finance.
- HR/Personnel.
- IT.
- Administrative support.
- Performance reporting including risk management.
- Legal Services.
- Internal Audit.

2.6.2.2. Corporate Services Support arrangements will be reviewed during the first year of operation of the Board and annually thereafter as part of the budget setting and planning processes of the Parties and Board. This will be achieved through discussion at the Senior Management Teams of the Parties and through the regular accountability meetings with the Chief Executives and Chief Officer.

2.6.3. Strategic Plan

2.6.3.1. The Parties will provide support for strategic planning through their respective strategic planning and corporate service support systems. NHS Orkney will provide necessary activity and financial data for the planned use of services

provided by other Health Boards for strategic planning purposes; and the Council will provide necessary activity and financial activity for the planned use by other Local Authorities for strategic planning purposes. This support to the Board will ensure compliance with its duty to under s30 (3) of the Act.

2.6.3.2. The Parties will inform the Board where they intend to make a change to service provision which may have an impact on the delivery of the Strategic Plan.

2.6.3.3. When preparing the Strategic Plan, the Board must ensure that the Plan is consistent with the need to operate within the Board budget and determine and allocate a budget amount to each function that is to be carried out by one or both Parties.

2.6.4. Performance Targets, Improvement Measures and Reporting Arrangements

2.6.4.1. The Parties will identify a core set of indicators that relate to Services delegated to the Board as listed in annex 1 and 2 including the national indicators and targets that the Parties currently report against. A list of indicators and measures which relate to integration functions will be collated in an 'integration dashboard' known as the Performance System.

2.6.4.2. The Parties will be responsible for sharing all performance information, targets and indicators with the Board. The improvement measures will be a combination of existing and new measures to allow assessment at a local level. The performance targets and improvement measures will be linked to the national and local Outcomes and will provide analysis to inform change and chart performance.

2.6.4.3. The Dashboard/Performance System once established will state where the responsibility for each measure lies. Where there is an ongoing requirement in respect of organisational accountability for a performance target for the Health Board or the Council this will be taken into account by the Board when preparing the Strategic Plan.

2.6.4.4. The Parties are obliged to meet targets for functions which are not delegated to the Board but which are affected by the performance and funding of integration functions. The Parties also set a number of local targets which may similarly be affected. Therefore, when preparing performance management information, the Parties agree that the effect on both integration and non-integration functions must be considered and details provided to the Board for consideration when preparing the Strategic Plan. These targets are currently available and set out in Orkney Islands Council's Council Plan monitoring report and NHS Orkney's Local Delivery Plan and in Performance Management Reports (2 monthly) to the Health Board.

2.6.4.5. Community Planning Outcome Targets are currently set out in Orkney's Community Plan. By autumn 2015 these will have been reviewed and will be set out in the Local Outcomes Improvement Plan (LOIP). For convenience all these targets will be listed and provided to the Chief Officer by December 2015.

2.6.4.6. A draft Integration Dashboard and work on the core indicators will be prepared by the Parties and this will be reviewed and updated during the strategic

planning process in 2015. A final Integration Dashboard will be submitted to the Board and the Parties before 1 April 2016.

2.7 Clinical and Care Governance

2.7.1. The detailed clinical and care governance arrangements will be prepared, taking into account, the Scottish Government's Clinical and Care Governance Framework published in December 2014. These arrangements are set out below and further detail will be included in Supplementary Documentation to the Integration Scheme.

2.7.2. The Parties will establish a joint Clinical and Care Governance Committee (CCGC) to replace existing arrangements. The CCGC will include the Integration Joint Board (Board) and representatives of the relevant professional groups for all health and social care professions. Details of the membership of the CCGC will be detailed within Supplementary Documentation to the Integration Scheme.

2.7.3. The CCGC will ensure that there is appropriate assurance for both Parties on the standards of health and care services provided.

2.7.4. The CCGC will fulfil the role with regard to the clinical governance arrangement of all the health services delivered or purchased by the Health Board as required by statute including health services overseen by the Board. The CCGC will also oversee the care governance arrangements for all social care services provided or purchased by the Council overseen by the Board.

2.7.5. The CCGC will provide advice and information through direct reporting to the Parties and to the Board as necessary and required including input and advice from professional advisory groups, for example, Area Clinical Forum, Adult and Child Protection Committee and from Professional Lead Officers working both in NHS Orkney and Orkney Islands Council (social care services).

2.7.6. Reports to the Parties and the Board will cover the quality of service delivery, continuous improvement, organisational and individual care risks, clinical and professional standards and the compliance with legislation and guidance.

2.7.7. The Board will be responsible for ensuring the Strategic Plan is consistent with good Clinical and Care Governance and is appropriately informed on the relevant clinical and care standards and will be guided on this by the CCGC.

2.7.8. The CCGC will provide advice as necessary to the Strategic Planning Group and localities.

2.7.9. The Parties, as the bodies employing the staff and being directed to provide the services, will be responsible for ensuring the clinical and care governance standards are delivered. This will apply to services provided directly by the Parties or purchases from other health boards, local authorities, and Third and Independent Sector providers.

2.7.10. The Parties will be responsible through commissioning and procurement arrangements for the quality and safety of services procured from the Third and

Independent Sectors and ensure that the services are delivered in accordance with the Strategic Plan.

2.7.11. The Chief Officer manages the integrated services and is accountable for this through the Parties' Chief Executives. The Chief Officer is accountable for the care standards and safe delivery of these services e.g. ensuring that they are person centred, effective and delivered to agreed clinical and care governance standards.

2.7.12. Working alongside the Chief Officer the Parties will ensure that staff working in integrated services have the necessary skills and knowledge to deliver the appropriate standards of care. Managers will manage teams of Health Board staff, Council staff or both and will promote best practice, cohesive working and provide guidance and development to their teams. This will include effective staff supervision and implementation of staff support policies.

2.7.13. The Organisational Development Action Plan will identify training and development requirements and will be put in place to support improvements in services and outcomes.

2.7.14. The clinical and care governance arrangements require appropriate oversight of professional standards. A number of Professional Lead Officer roles are in place across the Council and the Health Board e.g. Medical Director, Director of Nursing, Midwifery and Allied Health Professions, Chief Social Work Officer, Director of Public Health and Chief Pharmacist. The Professional Lead Officers have statutory functions relating to professional regulatory bodies and a legal duty to their respective regulatory authorities to ensure that professional standards are maintained.

2.7.15. The Professional Lead Officer can provide professional advice to, or raise issues directly with, the Board, in writing, or through the representatives on the Board. The Parties would expect the Board to respond in writing to issues raised in this way. In addition the Professional Lead Officers will be responsible for reporting directly to the Council (CSWO) or the Health Boards (Medical, Nurse, Dental, Pharmacy and Public Health Directors).

2.7.16. The Parties and the Board will support the Chief Officer and the Professional Lead Officers to liaise and communicate regularly to ensure that their respective roles in relation to professional standards are met.

2.7.17. The members of the Board will actively promote through its planning and commissioning role an organisational culture that supports human rights and social justice; values partnership working through example; affirms the contribution of staff through the application of best practice, including learning and development; and is transparent and open to innovation, continuous learning and improvement.

2.8. Chief Officer

2.8.1. The Integration Joint Board (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:

2.8.1.1. The Chief Officer reports directly to both the Chief Executive of the Council and the Chief Executive of the Health Board and is a full member of the senior management teams of both the Council and the Health Board.

2.8.1.2. The management structure for operational delivery of the integrated services managed by the Chief Officer is through a single hierarchical management structure illustrated in the detailed organisational structure diagram, which is included in Supplementary Documentation to the Integration Scheme. The management structure and levels of authority including the management of services in localities are summarised in Supplementary Documentation to the Integration Scheme.

2.8.1.3. The Chief Executives of the Council and the Health Board, at the request of the Board and in conjunction with the Chief Officer where appropriate, will be responsible for making cover arrangements through the appointment or nomination of a suitable interim replacement or depute in the event that the Chief Officer is absent or otherwise unable to carry out their functions.

2.8.1.4. The Chief Officer and the Senior Manager for Acute Services will both sit on the Health Board Senior Management Team, and will establish joint arrangements to ensure effective working relationships across the whole health and care system.

2.9. Workforce

2.9.1. The Parties will ensure that there is an effective Joint Staff Forum where staffing issues, professional issues and concerns relevant to joint working can be raised and discussed, where difficulties can be explored and resolved and where shared routes forward can be agreed. The Membership and Terms of Reference of the Joint Staff Forum are set out in Supplementary Documentation to the Integration Scheme.

2.9.2. A Workforce Development Strategy and Action Plan developed by the Parties will be agreed by the Parties with the Integration Joint Board (Board) and maintained by the staff supporting the HR Strategic Management of the integrated service delivery that is under the direction of the Chief Officer including services delivered in localities.

2.9.3. An Organisational Development Action Plan will be agreed by the Parties with the Board setting out the work on organisational development and HR issues. The Organisational Development Action Plan will be maintained by the staff supporting the HR Strategic Management of the integrated service delivery that is under the direction of the Chief Officer including services delivered in localities. The Organisational Development Action Plan will be agreed and put into place by April 2016 or at an earlier date as agreed by the Board with the Parties and refreshed annually thereafter.

2.9.4. A Training Plan agreed by the Parties and agreed with the Board will be maintained as part of the Supplementary Documentation to the Integration Scheme. Training support functions will be provided by the Parties to the integrated services managed by the Chief Officer. The Training Plan will be agreed and put into place by April 2016 or at an earlier date as agreed by the Board with the Parties and refreshed annually thereafter.

2.10. Finance

2.10.1. General Principles – Financial Governance

2.10.1.1. The Integration Joint Board (Board) shall determine its own internal financial governance arrangements in line with the Integrated Resource Advisory Group guidance. The Chief Financial Officer shall be responsive to the decisions of the Board and the principles of financial governance that have been set out in this Integration Scheme.

2.10.1.2. The Board shall initially have no cash transactions and will not initially directly engage or provide grants to third parties.

2.10.1.3. Orkney Islands Council and NHS Orkney will ensure their payments to the Board are sufficient to fund the delegated functions. The Council and NHS agree to the establishment of an integrated budget for the Board and the Chief Executives of the Health Board and the Council and the Section 95 Officer of the Council will hold the Chief Financial Officer of the Board to account for the use of the financial resources allocated to the Board for the delegated functions that shall be managed by the Chief Officer. Both Partners agree to make a revenue contribution to the Board representing the level of resources available for the service areas delegated to the Partnership.

2.10.1.4. The Board shall monitor its financial position and make arrangements for the provision of regular, timely, reliable and relevant financial information on its financial position. The Board, Orkney Islands Council and NHS Orkney shall share financial information to ensure all parties have a full understanding of their current financial information and future financial challenges and funding streams.

2.10.1.5. The Board shall develop its own financial regulations. These will be reviewed periodically by the Chief Financial Officer and with a report on the review and proposed changes submitted to the Board.

2.10.2 Chief Financial Officer

2.10.2.1. The Board shall have regard to the current CIPFA guidance on the role of the Chief Financial Officer in Local Government and any Scottish Government or professional guidance in the operating parameters of the Chief Financial Officer and also in the appointment of a Chief Financial Officer.

2.10.3. Roles and Responsibilities – Finance

2.10.3.1. The Chief Financial Officer shall be responsible for preparing the Board accounts (including gaining the assurances required for the governance statement) and financial planning (including the financial section of the Strategic Plan) and will provide financial advice and support to the Chief Officer and the Board ensuring compliance with statutory reporting requirements as a body under the relevant legislation, including the Annual Financial Statement.

2.10.3.2. The Orkney Islands Council Section 95 Officer and NHS Orkney Accountable Officer (Chief Executive) are responsible for the resources that are allocated by the Board to their respective organisations for operational delivery.

2.10.3.3. The Chief Financial Officer shall work with the Orkney Islands Council Section 95 Officer and NHS Orkney Director of Finance to ensure both organisations work together to develop systems which shall allow the recording and reporting of the Board's financial transactions.

2.10.4. Resources Delegated to the Integration Joint Board (Board) 1st Year

2.10.4.1. Orkney Islands Council and NHS Orkney shall establish a core baseline budget for each function and service that is delegated to the Board to form an integrated budget.

2.10.4.2. The budgets shall be based on recurring baseline budgets plus anticipated non-recurring funding for which there is a degree of certainty for each of the functions delegated to the Board and shall take account of any applicable inflationary uplift, planned efficiency savings and any financial strategy assumptions. These budgets will form the basis of the payments to the Board. These budgets shall be reviewed with due diligence against actual levels of expenditure for the previous 3 financial years utilising the joint arrangements already in place. Inpatient hospital services/budgets provided within the Balfour Hospital and capacity in the delegated specialties used in hospitals located in other Health Boards will form the set-aside portion of the hospital budget.

2.10.4.3. Orkney Islands Council and NHS Orkney shall each prepare a schedule outlining the detail and total value of the proposed initial payment, the underlying assumptions behind that initial payment and the financial performance against budget for the delegated services in the shadow year for their respective areas. These schedules shall identify any amounts included in the payments that are subject to separate legislation or subject to restrictions stipulated by third party funders. These documents must be approved by the Director of Finance for NHS Orkney and the Section 95 Officer for Orkney Islands Council prior to submission to the Board.

2.10.5. Resources delegated to the Board 2nd and Subsequent Years

2.10.5.1. The Board's 3 Year Strategic Plan shall incorporate a medium term financial plan for its resources. On an annual basis a financial statement will be prepared setting out the amount the Board intends to spend to implement its 3 Year Strategic Plan. The medium term financial strategy shall be prepared for the Board following discussions with Orkney Islands Council and NHS Orkney.

2.10.5.2. The medium term financial strategy shall be prepared to take account of the previous year payment as a baseline that shall be adjusted to take account of:

- Activity Changes arising from the impact on resources in respect of increased demand (e.g. demographic pressures and increased prevalence of long term conditions) and for other planned activity changes.
- Cost inflation on pay and other costs.

- Efficiency savings that can be applied to budgets.
- Performance on outcomes. The potential impact of efficiencies on agreed outcomes must be clearly stated and open to challenge by the Council and NHS.
- Legal requirements that result in additional and unavoidable expenditure commitments.
- Transfers to/from the set aside budget for hospital services are set out in the 3 Year Strategic Plan.
- Budget savings required to ensure budgeted expenditure is in line with funding available including an assessment of the impact and risks associated with these savings.

2.10.5.3. The funding available to the Board shall be dependent on the funding available to Orkney Islands Council and NHS Orkney and the corporate priorities of both. Both parties shall provide indicative three year allocations to the Board subject to annual approval through the respective budget setting processes. These indicative allocations shall take account of changes in NHS funding and changes in local authority funding.

2.10.6. Financial Management of the Board

2.10.6.1. The Board is able to hold reserves. There is an expectation that they will achieve a break-even position each year unless there are clear plans to create/utilise reserves. The Board cannot budget for a position which would result in the reserves moving into a deficit.

2.10.6.2. The Council will host the financial transactions specific to the Board.

2.10.6.3. The term payment is used to maintain consistency with Legislation and does not represent physical cash transfer. As the Board does not operate a bank account, the net difference between payments into and out of the Board will result in a balancing cash payment between the Council and the NHS. Any cash transfer will take place between the Parties monthly in arrears based on the annual budgets set by the Parties and the directions from the Board. A final transfer shall be made at the end of the financial year on closure of the annual accounts of the Board to reflect in-year budget adjustments agreed. An initial schedule of payments shall be agreed within the first 40 working days of each new financial year and may be updated taking into account any additional payments in-year.

2.10.6.4. The existing resource transfer arrangements will cease upon establishment of the Board and instead NHS Orkney will include the equivalent sum in its budget allocation to the Board.

2.10.7. In Year Variations in the Spending of the Board

2.10.7.1. Any potential deviation from a break even position should be reported to the Board, Orkney Islands Council and NHS Orkney at the earliest opportunity.

2.10.7.2. Where it is forecast that an overspend shall arise then the Chief Officer and Chief Financial Officer of the Board shall identify the cause of the forecast overspend and prepare a recovery plan setting out how they propose to address the forecast

overspend and return to a breakeven position. The Chief Officer and Chief Financial Officer of the Board shall consult the Section 95 Officer of Orkney Islands Council and Director of Finance of NHS Orkney in preparing the recovery plan. The recovery plan shall be approved by the Board.

2.10.7.3. A recovery plan shall aim to bring the forecast expenditure of the Board back in line with the budget within the current financial year. Where an in year recovery cannot be achieved then any recovery plan that extends into later years should ensure that over the period of the strategic plan forecast expenditure does not exceed the resources made available. Any recovery plan extending beyond in year shall require approval of Orkney Islands Council and NHS Orkney in addition to the Board.

2.10.7.4 Where a recovery plan extends beyond the current year any shortfall (the amount recovered in later years) shall be charged to reserves held by the Board.

2.10.7.5. Where such recovery plans are unsuccessful and an overspend occurs at the financial year end, and there are insufficient reserves to meet the overspend, then the partners will be required to make additional payments to the Board. Any additional payments by Orkney Islands Council and NHS Orkney may then be deducted from future years funding/payments.

2.10.7.6. The Board may retain any underspend to build up its own reserves and the Chief Financial Officer shall develop a reserves policy for the Board. This and other financial processes will be determined on the publication of the final Integrated Resource Advisory Group Guidance.

2.10.7.7. Redeterminations to payments made by the Council and NHS to the Board would apply under the following circumstances:

- Additional one off funding is provided to the Partner bodies by the Scottish Government, or some other body, for expenditure within a service area delegated to the Board. This would include in year allocations for NHS and redeterminations as part of the local government finance settlement. The payments to the Board should be adjusted to reflect the amount of these as they relate to the delegated services.
- The Parties agree that an adjustment to the payment is required to reflect changes to demand and activity levels.
- Where either Party requires to reduce the payment to the Board any proposal requires a justification to be set out and then agreed by both Parties and the Board.

2.10.7.8. Where payments by the Council and NHS are agreed under paragraphs 2.10.5 to 2.10.7.7 above they should only be varied as a result of the circumstances set out in paragraph 2.10.7.7. Any proposal to amend the payments outwith the above, including any proposal to reduce payments as a result of changes in the financial circumstances of either the Council or NHS requires a justification to be set out and the agreement of both Parties.

2.10.8. Financial Reporting to Orkney Integration Joint Board (Board)

2.10.8.1. The responsibility for preparation of the annual accounts of the Board will rest with the Chief Finance Officer of the Board. The reporting requirements for the annual accounts are set out in legislation and regulations and will be prepared following the CIPFA Local Authority Code of Practice.

2.10.8.2. The Integration Joint Board is subject to the audit and accounts provisions of a body under Section 106 of the Local Government (Scotland) Act 1973 (Section 13). This will require audited annual accounts to be prepared under the reporting requirements specified in the relevant legislation and regulations (Section 12 of the Local Government in Scotland Act 2003 and regulations under section 105 of the Local Government (Scotland) Act 1973). These will be proportionate to the limited number of transactions of the Board whilst complying with the requirements for transparency and true and fair reporting in the public sector.

2.10.8.3. The Chief Finance Officer of the Board will agree a timetable for the preparation of the annual accounts with the Director of Finance of NHS Orkney and the Section 95 Officer of the Council. The timetable for production of the annual accounts of the Board will be set in accordance with guidance from the Scottish Government.

2.10.8.4. As part of the financial year-end procedures and in order to develop the year-end financial statements, the Chief Financial Officer of the Board will co-ordinate an exercise agreeing the value of balances and transactions with Orkney Islands Council and NHS Orkney finance teams. Each of the Parties will submit to the Chief Financial Officer of the Board their recorded income, expenditure, receivable and payable balance with the Board. The Council or NHS respective finance representatives will then work to resolve any differences arising.

2.10.8.5. The Board financial statements must be completed to meet the audit and publication timetable specified in the regulations (Regulations under section 105 of the Local Government (Scotland) Act 1973). The Parties will agree a timetable for the preparation of the Board's annual accounts, which will incorporate a process to agree any balances between the Parties and the Board.

2.10.8.6. The Chief Finance Officer of the Board will also be responsible for preparing a medium-term financial plan to be incorporated into the Strategic Plan. The Chief Finance Officer of the Board will also be responsible for preparing the annual financial statement that the Board must publish under Section 39 of the Act, which sets out what the Board intends to spend in implementation of the Strategic Plan.

2.10.8.7. As part of the process of preparing the annual accounts of the Board the Chief Finance Officer of the Board will be responsible for agreeing balances between the Board and Parties at the end of the financial year and for agreeing details of transactions between the Board, Orkney Islands Council and NHS Orkney during the financial year. The Chief Finance Officer of the Board will also be responsible for provision of other information required by Orkney Islands Council and NHS Orkney to complete their annual accounts including Group Accounts.

2.10.8.8. The Chief Financial Officer shall ensure appropriate systems and processes are in place to:

- Allow execution of financial transactions.
- Ensure an effective internal control environment over such transactions.
- Maintain a record of the income expenditure, assets and liabilities of the Board.
- Enable reporting of the financial performance and position of the Board.
- Maintain records of budgets, budget savings, forecast outturns, variances, variance explanations, proposed remedial actions and financial risks.

2.10.8.9. Recording of all financial information in respect of the integrated services shall be in the financial ledger of the Party which is delivering the services on behalf of the Board.

2.10.8.10. The Parties shall provide the required financial administration to enable the transactions for delegated functions (e.g. payment of suppliers, payment of staff, raising of invoices etc.) to be administered and financial reports to be provided to the Chief Finance Officer of the Board.

2.10.8.11. Throughout the financial year the Board shall receive comprehensive financial monitoring reports, including for the sum set aside. The format and frequency (on at least a quarterly basis) of the reports to be agreed by the Chief Officer and the Chief Finance Officer of the Board in conjunction with the Director of Finance of NHS Orkney and the Section 95 Officer of the Council. The reports shall set out information on actual expenditure and budget for the year to date and forecast outturn against annual budget together with explanations of significant variances and details of any action required. These reports shall also set out progress with achievement of any budgetary savings required.

2.10.8.12. Where any report to the Board has a significant financial implication for either of the Parties agreement of that Party is required before submission of the report to the Board.

2.10.9. Capital Expenditure and Non-Current Assets

2.10.9.1. The Board shall not receive any capital allocations or grants nor will it own any property or other non-current assets. Orkney Islands Council and NHS Orkney shall:

- Continue to own any property or non-current assets used by the Board.
- Have access to sources of funding for capital expenditure.
- Manage and deliver any capital expenditure on behalf of the Board.

2.10.9.2. The Strategic Plan will inform the financial strategy of the Board and will provide the basis for the Board to present proposals to Orkney Islands Council and NHS Orkney to influence the Parties Financial 5 Year Plans.

2.10.9.3. The Chief Officer of the Board shall work with the relevant officers in Orkney Islands Council and NHS Orkney to prepare a bid for capital funding for

property and other non-current assets used by the Board. This shall be approved by the Board.

2.10.10. VAT

2.10.10.1 The Board shall not be required to be registered for VAT, on the basis it is not delivering any supplies that fall within the scope of VAT. The actual delivery of functions delegated to the Board shall continue to be the responsibility of Orkney Islands Council and NHS Orkney.

2.11. Participation and Engagement

2.11.1. The development of the Scheme has involved consultation with the groups set out in the Public Bodies (Joint Working) (Prescribed Consultees) (Scotland) Regulations 2014, staff and the wider Orkney population. These groups are summarised below:

- NHS Orkney employees.
- Orkney Islands Council (OIC) employees.
- Users of health care.
- Carers of users of health care.
- Health professionals: GPs, management teams, all advisory committees, including Area Medical Committee, Nursing and Midwifery and Therapy, Rehabilitation and Diagnostic Advisory Committee.
- Dentists.
- Pharmacists.
- Opticians.
- Social work and social care professionals.
- Social Work and Social Care Advisory Committee.
- Users of social care.
- Carers of users of social care.
- Non-commercial providers of social care.
- Royal British Legion.
- Salvation Army.
- Advocacy Orkney.
- Citizens Advice Bureau.
- Non-commercial providers of social housing.
- Orkney Islands Council.
- Orkney Community Planning Partnership.
- Community Councils.
- Police Scotland.
- Scotland Fire and Rescue Service.
- Scottish Ambulance Service.
- Procurator Fiscal.

- Scottish Children’s Reporter Administration.
- Orkney Public Partnership Forum.
- Scottish Health Council.

2.11.2. The consultation process involved a number of stages:

- Senior Officers of both NHS Orkney and Orkney Islands Council prepared and agreed a first draft Integration Scheme in line with guidance.
- Review of the Integration Scheme with key advisory groups notably the Third Sector, Community Planning Partners, the Area Clinical Forum and Area Partnership Forum.
- Wider consultation with staff, the Groups and Fora set out in the Regulations and the wider Orkney public.
- Prepared second draft of the Integration Scheme for approval by Orkney Islands Council and NHS Orkney was submitted to Scottish Government by the 30 March 2015.

2.11.3. In the support that the Parties provide to the Board they will ensure they adhere to a person centred approach, ensuring compassion, respect, equality and fairness. Community and staff involvement and engagement remain crucial to supporting the Board in planning and implementing effective service change and service development, as well as supporting the Board in its commitment to realising continuous improvement in quality, effectiveness and efficiency in service delivery and outcomes.

2.11.4. The Parties will build on their existing solid foundations, to support the Board’s approach to participation and engagement. Further, the Parties will support the Board by taking a coproduction approach within communities and localities.

2.11.5. To inform this, the Parties will take account of current Statutory Guidance CEL 4 (2010) Informing, Engaging and Consulting with People in Developing Health and Community Care Services and the ‘National Standards for Community Engagement’ as incorporated in the Orkney Community Planning Partnership’s Consultation and Engagement Guidelines as adopted by Orkney Islands Council and NHS Orkney.

2.11.6. The Parties, in supporting the Board, will establish a Communications and Engagement Group. The Group will be responsible for the development, implementation and monitoring of the Communications and Engagement Strategy. The Group will be in place by September 2015 and the Strategy will be approved by March 2016. Feedback from communities and staff on their experiences of the Board’s services will help inform the development of the Strategy.

2.11.7. Whilst formal arrangements are essential for the Board, they need not be constraining. There is a history in Orkney of involving community representatives on review and project groups and using the co-chair model to advantage. The aim is to maintain this inclusive approach, keeping communities at the heart of the process, within the framework of robust organisational arrangements. Ongoing positive relationships with Voluntary Action Orkney, Orkney’s Community Councils, specialist

organisations, care groups, independent care providers, and other health and social care related community and voluntary groups will add richness to this inclusive approach.

2.12. Information Sharing and Confidentiality

2.12.1. The Parties will develop an Information Sharing Protocol (ISP) and will adopt the Scottish Accord on the Sharing of Personal Information (SASPI). Information will be shared in accordance with the Information Commissioner's Code of Practice on Data Sharing. The ISP will include procedures for the sharing of information. This will be agreed by the Parties through the Information Governance Workstream of the Integration Programme Board by March 2016.

2.12.2. The ISP will focus on the purposes underlying the sharing of specific sets of information. It is intended for operational management and staff. It will provide details of:

- The processes for sharing information.
- The specific purposes served.
- The people it impacts upon.
- The relevant legislative powers.
- What data is to be shared.
- The consent processes involved.
- Any required operational procedures and processes for review.

2.12.3. The ISP will be submitted to the Board for consideration and comments prior to being adopted by the Parties within three months of the establishment of the Board. The ISP will be agreed by the parties and be operational within three months of the establishment of the Board. The ISP will be formally reviewed on a rolling three year basis unless changes in legislation or national policy indicate that this should be reviewed earlier.

2.12.4. The Chief Officer will ensure appropriate arrangements are in place in respect of information governance and the requirements of the Scottish Information Commissioner's Office.

2.12.5. All staff managed within Integrated Services are required to comply with the data protection policies of their employing organisations and the requirements of the ISP to be agreed by the Parties.

2.13. Complaints

2.13.1. Complaints should be made to Orkney Islands Council and NHS Orkney using existing policies and processes, reflecting the distinct statutory requirements. There will be a single point of contact for complainants. This will be agreed between the Parties by 31 March 2016 to co-ordinate complaints specific to the delegated functions to ensure that the requirements of existing prescribed elements of health and social work complaints processes are met. In the event that complaints are received by the Integration Joint Board (Board) or the Chief Officer, the Parties will

work together to achieve, where possible a joint response identifying the lead Party in the process and confirming this to the individual raising the complaint.

2.13.2. The Parties agree that complaints should be viewed with a positive attitude and valued as feedback on service performance in order to enhance a culture of good service delivery. The parties are agreed on the principles of early front-line resolution and have existing mechanisms in place to achieve this.

2.13.3. The Parties recognise the importance of giving individuals the ability to access ways to give feedback/make a complaint about health or social care. Irrespective of the point of contact, partners will show a willingness to appropriately direct the feedback/complaint to ensure an appropriate response.

2.13.4. Formal complaints are currently subject to different legislative requirements and on that basis there will be no immediate change to the way in which complaints are dealt with.

2.13.5. In the NHS, following the implementation of the Patient Rights (Scotland) Act 2011 and its associated legislation, formal complaints shall be handled in line with NHS Scotland's 'Can I Help You?' guidance. The Act also prescribes that health services and their health providers ensure that consideration shall be given to patients requiring independent advice and support - patients/carers in need of this support shall be signposted to the Patient Advice and Support Service at the Citizens Advice Bureau.

2.13.6. In Social Care, all formal complaints are logged on the recording system in accordance with the Council's Social Work Complaints Procedure.

2.13.7. Staff within the delegated functions will apply the complaints policy of the relevant Party, depending on the nature of the complaint made. Where complaints cross boundaries of health and social care, the parties will work together to achieve, where possible, a joint response to a complaint, identifying the lead party in the process. This will be made clear to the individual raising the complaint.

2.13.8. All complaints procedures will be clearly explained, well publicised, accessible, will allow for timely recourse and will sign-post independent advocacy services. The person making the complaint will always be informed which policies are being applied to their complaint. Both Parties are committed to ensuring that anyone making a complaint has a positive experience that takes account of the integrated arrangements. If the complaint remains unresolved by internal processes, the complainant may refer the matter to the Scottish Public Services Ombudsman for health or the complaints review committee and/or the Scottish Public Services Ombudsman for social care as appropriate.

2.13.9. Complaints management will be a standing item on the agenda of the Clinical and Care Group (referred to section 6), whose remit shall include identifying learning from upheld complaints across all delegated functions. The role of the Chief Officer will be to report statistics on complaint outcomes to the Board and ensure information briefings are provided to staff so that integrated services are made aware of complaint findings and the learning for services.

2.14. Claims, Handling Liability and Indemnity

2.14.1. The Parties and the Board recognise that they could receive a claim arising from, or which relates to, the work undertaken on behalf of the Board.

2.14.2. The Parties agree to ensure that any such claims are progressed quickly and in a manner which is agreeable between them.

2.14.3. So far as reasonably practicable, the normal common law and statutory rules relating to liability will apply.

2.14.4. Each Party will assume responsibility for progressing claims which relate to any act or omission on the part of one of their employees.

2.14.5. Each Party will assume responsibility for progressing claims which relate to any building which is owned or occupied by them.

2.14.6. In the event of any claim against the Board or in respect of which it is not clear which party should assume responsibility, and then the Chief Officer will liaise with the Chief Executives of the Parties (or their representatives) and determine which party should assume responsibility for progressing the claim.

2.15 Risk Management

2.15.1. A shared risk management strategy will include risk monitoring and a reporting process for the Parties and the Board shall be established in the first year of the Board. In developing this shared risk management strategy the Parties and the Board will review the shared risk management arrangements currently in operation including the Corporate/Strategic Risk Registers. This in turn will provide a list of risks to be reported on.

2.15.2. The Chief Officer will lead the review of risk management arrangements of the Board with support from the risk management functions of the Parties. The Board shall be required to determine and agree its approach to risk management and how it communicates strategic risks to the Parties by the Chief Officer. The Board in this regard shall pay due regard to the corporate risks of the Parties.

2.15.3. Agreement on the sharing of risk management across the Parties and the Board for significant risks that impact on integrated service provision shall be agreed.

2.16 Dispute Resolution Mechanism

2.16.1. In the event of any dispute between the Parties in relation to any matter provided for in this Scheme or any of the duties, obligations, rights or powers imposed or conferred upon them by the Act (a Dispute), the provision of this section 2.16 will apply.

2.16.2. Either Party shall give to the other written notice of the Dispute, setting out its nature and full particulars (a Dispute Notice), together with relevant supporting documents. The party giving the Dispute Notice will provide a copy to the Chair of the Board. On service of the Dispute Notice, the Chief Executives of the Parties shall meet and attempt in good faith to resolve the Dispute.

2.16.3. Where the matter remains unresolved within 21 days of the service of the Dispute Notice the Parties shall inform the Chair of the Board and may proceed to mediation with a view to resolving the issues. Any mediator will be external to the Parties and will be identified and appointed with the agreement of the Chair of NHS Orkney and Convener of Orkney Islands Council - costs will be met equally. The timeframe to resolve the issue will be agreed prior to the start of the mediation process by the Convener of OIC and Chair of NHSO and notified to the Chair of the Board. If agreement cannot be reached a referral will be made to the President of The Law Society of Scotland inviting the President to appoint a mediator.

2.16.4. The Chair of the Board will inform Scottish Ministers in writing of the Dispute and agreed timetable to conclude the mediation process. During this time both Parties shall cooperate with each other to mitigate any adverse effect on service delivery pending resolution of the Dispute.

2.16.5. If the issue remains unresolved after the following steps outlined above, the Chair of the Board will inform Scottish Ministers in writing. Scottish Ministers may then advise the Parties how to proceed.

2.16.6. Nothing in the Scheme shall prevent either Party from seeking legal remedy or from commencing or continuing court proceedings in relation to a Dispute.

December 2015.

Annex 1. (Part 1). Functions that are to be delegated by the Health Board (NHS Orkney) to the Integration Joint Board.

The National Health Service (Scotland) Act 1978(a).	
<p>All functions of Health Boards conferred by, virtue of, the National Health Service (Scotland) Act 1978.</p>	<p>Except functions conferred by or by virtue of — by:</p> <ul style="list-style-type: none"> • Section 2(7) (Health Boards). • Section 9(b) (local consultative committees). • Section 17A(c) (NHS contracts). • Section 17C(d) (personal medical or dental services). • Section 17J(e) (Health Boards' power to enter into general medical services contracts). • Section 28A(f) (remuneration for Part II services). • Section 48(g) (residential and practice accommodation). • Section 57(h) (accommodation and services for private patients). • Section 64(i) (permission for use of facilities in private practice). • Section 79(j) (purchase of land and moveable property). • Section 86(a) (accounts of Health Boards and the Agency). • Section 88(b) (payment of allowances and remuneration to members of certain bodies connected with the health services). • Paragraphs 4, 5, 11A and 13 of Schedule 1(c) (Health Boards). <p>And functions conferred by —</p> <ul style="list-style-type: none"> • The National Health Service (Clinical Negligence and Other Risks Indemnity Scheme) (Scotland) Regulations 2000(d). • The Health Boards (Membership and Procedure) (Scotland) Regulations 2001(e). • The National Health Service (Primary Medical Services Performers Lists) (Scotland) Regulations 2004(f).

	<ul style="list-style-type: none"> • The National Health Service (Primary Medical Services Section 17C Agreements) (Scotland) Regulations 2004 (g). • The National Health Service (General Ophthalmic Services) (Scotland) Regulations 2006(h). • The National Health Service (Discipline Committees) (Scotland) Regulations 2006(i). • The National Health Service (Appointment of Consultants) (Scotland) Regulations 2009(j). • The National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009(k). and • The National Health Service (General Dental Services) (Scotland) Regulations 2010(l).
<p>Disabled Persons (Services, Consultation and Representation) Act 1986(a). Section 7 (persons discharged from hospital).</p>	
<p>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.</p>	
<p>Mental Health (Care and Treatment) (Scotland) Act 2003(c). All functions of Health Boards conferred by, or by virtue Except functions conferred by section 22 (approved of, the Mental Health (Care and Treatment) (Scotland) medical practitioners) Act 2003.</p>	
<p>Education (Additional Support for Learning) (Scotland) Act 2004(d). Section 23 (other agencies etc. to help in exercise of functions under this Act).</p>	
<p>Public Health, etc. (Scotland) Act 2008(e). Section 2 (duty of Health Boards to protect public health); Section 7 (joint public health protection plans).</p>	
<p>Public Services Reform (Scotland) Act 2010(f). All functions of Health Boards conferred by, or by virtue of, the Public Services Reform (Scotland) Act 2010; Except functions conferred by — section 31(Public functions: duties to provide information on certain expenditure etc.); and section 32 (Public functions: duty to provide information on exercise of functions).</p>	
<p>Patient Rights (Scotland) Act 2011(g). All functions of Health Boards conferred by, or by virtue of, the Patient Rights (Scotland) Act 2011.</p>	

Carers (Scotland) Act 2016.

Section 12 (Duty to prepare young carer statement); Section 31 (Duty to prepare local carer strategy).

Annex 1 (Part 2). Services currently provided by Health Board which are to be integrated.

- Accident and emergency services provided in the Balfour Hospital for planning and operational oversight purposes with the Chief Officer working closely with Board staff responsible for operational management of hospital services.
- Inpatient hospital services/budgets provided within the Balfour Hospital and capacity in the delegated specialties used in other hospitals located in other Health Boards will form the set aside portion of the hospital budget.
- Macmillan palliative care services provided in the Balfour Hospital also includes cancer chemotherapy. It is proposed that the service is not split into hospital palliative and cancer care, however it is proposed to allocate a number of bed days (corresponding budget).
- Mental health services provided in a hospital – transfer bed budget to the IJB.
- Community mental health teams/service.
- Clinical Psychology Service.
- Substance misuse services (ADP budget).
- District nursing services.
- Health visiting.
- School nursing.
- Primary medical services provided under a general medical services contract, and arrangements for the provision of services made under section 17C of the National Health Service (Scotland) Act 1978, or an arrangement made in pursuance of section 2C(2) of the National Health Service (Scotland) Act 1978.
- General dental services provided under arrangements made in pursuance of section 25 of the National Health (Scotland) Act 1978.
- Public Dental Services.
- Ophthalmic services provided under arrangements made in pursuance of section 17AA or section 26 of the National Health Service (Scotland) Act 1978.
- Pharmaceutical services and additional pharmaceutical services provided under arrangements made in pursuance of sections 27 and 27A of the National Health Service (Scotland) Act 1978.
- Services providing primary medical services to patients during the out-of-hours period.
- Palliative care services provided outwith a hospital.
- Community learning disability services.
- Continence services.
- Services provided by health professionals that aim to promote public health.
- Community Physiotherapy, speech and language, dietetic and OT services.
- Intermediate Care services.
- Family Health Service Prescribing.
- Resource Transfer, including Voluntary services.

- Sexual and Reproductive Health services excluding hospital obstetrics/gynaecology services.

Annex 2 (Part 1). Functions delegated by Orkney Islands Council to the Board.

Set out below is the list of functions that must be delegated by the local authority to the Board, as set out in the Public Bodies (Joint Working) (Prescribed Local Authority Functions, etc.) (Scotland) Regulations 2014. Following this, a second list of additional local authority functions is set out which are to be delegated by choice. These fall within the relevant sections of the Acts set out in the Schedule to the Public Bodies (Joint Working) (Scotland) Act 2014.

Part 1.

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

Enactment conferring function.	Limitation.
National Assistance Act 1948.	
Section 48 (Duty of councils to provide temporary protection for property of persons admitted to hospitals etc).	
The Disabled Persons (Employment) Act 1958.	
Section 3 (Provision of sheltered employment by local authorities).	
The Local Government and Planning (Scotland) Act 1982.	
Section 24(1) (The provision of gardening assistance for the disabled and the elderly).	
Disabled Persons (Services, Consultation and Representation) Act 1986(5).	
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 have been delegated.
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.	

Enactment conferring function.	Limitation.
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.
(6) 2000 asp 4; section 12 was amended by the Mental Health (Care and Treatment) (Scotland) Act 2003 (asp 13), schedule 5(1). Section 37 was amended by S.S.I. 2005/465. Section 39 was amended by the Adult Support and Protection (Scotland) Act 2007 (asp 10), schedule 1 and by S.S.I. 2013/137. Section 41 was amended by S.S.I. 2005/465; the Adult Support and Protection (Scotland) Act 2007 (asp 10), schedule 1 and S.S.I. 2013/137. Section 45 was amended by the Regulation of Care (Scotland) Act 2001 (asp 8), Schedule 3.	
Section 45 (Appeal, revocation, etc.).	Only in relation to residents of establishments which are managed under integration functions.
The Housing (Scotland) Act 2001.	
Section 92 (Assistance for housing purposes).	Only in so far as it relates to an aid or adaptation.
The Community Care and Health (Scotland) Act 2002.	
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.	

Enactment conferring function.	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.	
Section 71(1)(b) (Assistance for housing purposes).	Only in so far as it relates to an aid or adaptation.
The Adult Support and Protection (Scotland) Act 2007.	
Section 4 (Council's duty to make inquiries).	
Section 5 (Co-operation).	
Section 6 (Duty to consider importance of providing advocacy and other).	
Section 11 (Assessment Orders).	
Section 14 (Removal orders).	
Section 18 (Protection of moved person's property).	
Section 22 (Right to apply for a banning order).	
Section 40 (Urgent cases).	
Section 42 (Adult Protection Committees).	
Section 43 (Membership).	

Enactment conferring function.	Limitation.
Social Care (Self-directed Support) (Scotland) Act 2013.	
Section 5 (Choice of options: adults).	
Section 6 (Choice of options under section 5: assistances).	
Section 7 (Choice of options: adult carers).	
Section 9 (Provision of information about self-directed support).	
Section 11 (Local authority functions).	
Section 12 (Eligibility for direct payment: review).	
Section 13 (Further choice of options on material change of circumstances).	Only in relation to a choice under section 5 or 7 of the Social Care (Self-directed Support) (Scotland) Act 2013.
Section 16 (Misuse of direct payment: recovery).	
Section 19 (Promotion of options for self-directed support).	
Carers (Scotland) Act 2016.	
Section 21 (Duty to set local eligibility criteria).	

Additional Functions delegated by the Council to Orkney's Integration Joint Board.

Enactment conferring function.	Limitation.
National Assistance Act 1948.	
Section 45 (Recovery in cases of misrepresentation or non-disclosure).	
Matrimonial Proceedings (Children) Act 1958.	
Section 11 (Reports as to arrangements for future care and upbringing of children).	
The Social Work (Scotland) Act 1968.	
Section 5 (Powers of Secretary of State).	
Section 6B (Local authority inquiries into matters affecting children.).	

Enactment conferring function.	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 13 B (Provision of care or aftercare).	
Section 14 (Home help and laundry facilities).	
Section 27 (Supervision and care of persons put on probation or released from prisons, etc.).	
Section 27ZA (Advice, guidance and assistance to persons arrested or on whom sentence deferred).	
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
Section 78A (Recovery of contributions).	
Section 80 (Enforcement of duty to make contributions).	
Section 81 (Provisions as to decrees for ailment).	
Section 83 (Variation of trusts).	
Section 86 (Adjustment between authority providing accommodation, etc. and authority of area of residence).	
The Children Act 1975.	
Section 34 (Access and maintenance).	

Enactment conferring function.	Limitation.
Section 39 (Reports by local authorities and probation officers).	
Section 40 (Notice of application to be given to local authority).	
Section 50 (Payments towards maintenance of children).	
Health and Social Services and Social Security Adjudications Act 1983.	
Section 21 (Recovery of sums due to local authority where persons in residential accommodation have disposed of assets).	
Section 22 (Arrears of contributions charged on interest in land in England and Wales).	
Section 23 (Arrears of contributions secured over interest in land in Scotland).	
Foster Children (Scotland) Act 1984.	
Section 3 (Local authorities to ensure well-being of and to visit foster children).	
Section 5 (Notification by persons maintaining or proposing to maintain foster children).	
Section 6 Notification by persons ceasing to maintain foster children).	
Section 8 (Power to inspect premises).	
Section 9 (Power to impose requirements as to the keeping of foster children).	
Section 10 (Power to prohibit the keeping of foster children).	
The Children (Scotland) Act 1995.	
Section 17 (Duty of local authority to child looked after by them).	
Section 19 (Local authority plans for services for children).	
Section 20 (Publication of information about services for children).	

Enactment conferring function.	Limitation.
Section 21 (Co-operation between authorities).	
Section 22. (Promotion of welfare of children in need).	
Section 23 (Children affected by disability).	
Section 24 (Assessment of ability of carers to provide care for disabled children).	
Section 24A (Duty of local authority to provide information to carer of disabled child).	
Section 25 (Provision of accommodation for children, etc.).	
Section 26 (Manner of provision of accommodation to child looked after by local authority).	
Section 26A (Provision of continuing care: looked after children).	
Section 27 (Day care for pre-school and other children).	
Section 29 (Aftercare).	
Section 30 (Financial assistance towards expenses of education or training and removal of power to guarantee indentures, etc.).	
Section 31 Review of case of child looked after by local authority).	
Section 32 (Removal of child from residential establishment).	
Section 36 (Welfare of certain children in hospitals and nursing homes, etc.).	
Section 38 (Short term refuges for children at risk of harm).	
Section 76 (Exclusion orders).	
Criminal Procedure (Scotland) Act 1995.	
Section 51 (Remand and committal of children and young persons).	
Section 203 (Reports).	

Enactment conferring function.	Limitation.
Section 234B (Drug treatment and testing order).	
Section 245A (Restriction of liberty orders).	
The Adults with Incapacity (Scotland) Act 2000.	
Section 40 (Supervisory bodies).	
The Community Care and Health (Scotland) Act 2002.	
Section 4 (Accommodation more expensive than usually provided).	
Section 6 (Deferred payment of accommodation costs).	
Management of Offenders, etc. (Scotland) Act 2005.	
Sections 10 (Arrangements for assessing and managing risks posed by certain offenders).	
Section 11 (Review of arrangements).	
Adoption and Children (Scotland) Act 2007.	
Section 1 (Duty of local authority to provide adoption service).	
Section 4 (Local authority plan).	
Section 5 (Guidance).	
Section 6 (Assistance in carrying out functions under sections 1 and 4).	
Section 9 (Assessment of needs for adoption support services).	
Section 10 (Provision of services).	
Section 11 (Urgent provision).	
Section 12 (Power to provide payment to person entitled to adoption support service).	
Section 19 (Notice under Section 18 local authorities duties).	
Section 26 (looked after children - adoption is not proceeding).	
Section 45 (Adoption support plans).	
Section 47 (Family member's right to require review of plan).	

Enactment conferring function.	Limitation.
Section 48 (Other cases where authority under duty to review plan).	
Section 49 (Re-assessment of needs for adoption support services).	
Section 51 (Guidance).	
Section 71 (Adoption allowance schemes).	
Section 80 (Permanence Orders).	
Section 90 (Precedence of certain other orders).	
Section 99 (Duty of local authority to apply for variation or revocation).	
Section 101 (Local authority to give notice of certain matters).	
Section 105 (Notification of proposed application for order.)	
The Adult Support and Protection (Scotland) Act 2007.	
Section 7 (Visits).	
Section 8 (Interviews).	
Section 9 (Medical examinations).	
Section 10 (Examination of records, etc.).	
Section 16 (Right to remove adult at risk)	
Children's Hearings (Scotland) Act 2011.	
Section 35 (Child assessment orders).	
Section 37 (Child protection orders).	
Section 42 (Parental responsibilities and rights directions).	
Section 44 (Obligations of local authority).	
Section 48 (Application for variation or termination).	
Section 49 (Notice of an application for variation or termination).	

Enactment conferring function.	Limitation.
Section 60 (Local authorities duty to provide information to Principal Reporter).	
Section 131 (Duty of implementation authority to require review).	
Section 144 (Implementation of a compulsory supervision order; general duties of implementation authority).	
Section 145 (Duty where order requires child to reside in a certain place).	
Section 153 (Secure accommodation: regulations).	
Section 166 (Review of requirement imposed on local authority).	
Section 167 (Appeal to Sheriff Principal: section 166).	
Section 180 (Sharing of information: panel members).	
Section 183 (Mutual Assistance).	
Section 184 (Enforcement of obligations of health board under section 183).	
Social Care (Self-directed Support) (Scotland) Act 2013.	
Section 8 (Choice of options; children and family members).	
Section 10 (Provision of information; children under 16).	
Carers (Scotland) Act 2016. Note: with effect from 1 April 2018.	
Section 6 (duty to prepare adult carer support plan).	
Section 12 (Duty to prepare a young carer statement).	
Section 24 (Duty to provide support).	
Section 25 (Provisions of support to carers: breaks from caring).	
Section 31 (Duty to prepare local carer strategy).	
Section 34 (Information and advice services for carers).	

Enactment conferring function.	Limitation.
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.

Enactment conferring function	Limitation
The Community Care and Health (Scotland) Act 2002.	
Section 4 The functions conferred by Regulation 2 of the Community Care (Additional Payments) (Scotland) Regulations 2002.	

Annex 2 (Part 2). Services currently provided by Orkney Islands Council which are to be integrated

The functions listed in part 1 of this annex relate to the following services:

- Social work services for adults and older people.
- Services and support for adults with physical disabilities and learning disabilities.
- Mental health services.
- Drug and alcohol services.
- Adult protection and domestic abuse.
- Carers support services.
- Community care assessment teams.
- Support services.
- Care home services.
- Adult placement services.
- Aspects of housing support, including aids and adaptations.
- Day services.
- Local area co-ordination.
- Respite provision.
- Occupational therapy services.
- Re-ablement services, equipment and telecare.

Additional services, delegated by choice:

- Social work services for children and young people.
- Child Care Assessment and Care Management.
- Looked After and Accommodated Children.
- Child Protection.
- Adoption and Fostering.
- Special Needs/Additional Support.
- Early Intervention.
- Through-care Services.
- Youth Justice Services.
- Social Work Criminal Justice Services.
- Services to Courts and Parole Board.
- Assessment of offenders.
- Diversions from Prosecution and Fiscal Work Orders.
- Supervision of offenders subject to a community based order.
- Through care and supervision of released prisoners.
- Multi Agency Public Protection Arrangements.