

## Review of Argyll and Bute Scheme of Integration – Consultation Responses and Suggested Action/Response

Ref	Date	Consultation Response	Area	Proposed Action/Response
1.	09/12/19	All seems sensible to me	OLI	No action required
2.	09/12/19	Being part of NHS Highland is something only a colonial administrator could have dreamed up	B&C	No action required – outwith the scope of the review
3.	10/12/19	Ok with it	MAKI	No action required
4.	10/12/19	Disability	B&C	No action required
5.	11/12/19	Great having such detailed documents to refer to however they are too lengthy, could you not condense these documents and just give a briefer overview (maybe in video or audio format), then have the lengthy documents to back it up.	B&C	Note for consideration as part of next review/consultation. The review has been undertaken in line with relevant legislation.
6.	11/12/19	Integration makes sense and if managed properly will save money	B&C	No action required
7.	11/12/19	I have reviewed the "summary of revisions". In general, the revisions seem sensible and consistent with the rationale given for the changes. However, in the case of 10.6 (p35), the revision reads, to me, as gobbledegook! in part, because of an inappropriate use of, or lack of, appropriate punctuation and, in part, because of the use of jargon (e.g. "public task"). So, for instance, "any of the other legal basis contained..." is probably more correct (and less confusing) if it were to read: "any of the other legal bases contained...".	OLI	Noted – there was an error in the summary of revisions document issued alongside the Scheme. The proposed revised scheme uses the term "bases" not "basis".
8.	11/12/19	Rubbish, no services available locally	B&C	No action required – outwith the scope of the review
9.	11/12/19	Having never had use, yet, of the service I cannot comment on what opportunities may have been missed here to improve the scheme of integration. The changes shown seem to sensibly improve wording, meet changes in legislation and typical usage of names/titles therefore very reasonable to do. The lengthiest points reflect the	B&C	No action required

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		financial decision taking without sadly ringfencing what goes into the scheme on a year to year basis.		
10.	11/12/19	Seems to be changing names for change sake will lead to extra costs unnecessarily as new stationary etc will be required.	H&L	No action required
11.	11/12/19	Commented before and things got WORSE..... Decided that Dunoon no longer offers my family the health care it needs so have decided that enough is enough and we are moving from Argyll & Bute. No one listens to the voting public. You all have your own agendas and that does not include the health and wellbeing of us the poor sods who have to travel all the way to Glasgow for health care. Thank you and goodbye.	B&C	No action required – outwith the scope of the review
12.	11/12/19	No comment as it's not worth it, no one ever listens to the poor sods who live here and only want a better health care within the area (Dunoon). Big hospital in town slowly being closed before our eyes!!!! "Go to Glasgow! Only a ferry crossing, train, buses, wonderful" Aye right!	B&C	No action required – outwith the scope of the review
13.	11/12/19	Don't have any yet	H&L	No action required
14.	11/12/19	I use the local Medical Centre in Tarbert, the service is excellent!	MAKI	No action required
15.	11/12/19	Although I am not a professional in any related profession - it appears to be a very detailed and comprehensive scheme.	MAKI	No action required
16.	11/12/19	I have some concerns about the removal of devolved financial responsibility but I accept that the proposed amendments reflect changes already made to adopted practices. Otherwise, the revisions in text seem to be reasonable.	OLI	No action required
17.	11/12/19	Having just read the best part of 60 pages of look how good we are” and ‘cover your back’ legislation compiled	H&L	No action required

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		<p>by some overpaid, unelected staffers I could not care less about the waste of time and effort that went into all this guff.</p> <p>Who needs all this ?</p> <p>It's like big businesses "Mission Statements" .... all show and no punch.</p> <p>A and B just trying to look clever.</p>		
18.	11/12/19	Why are council services being cut to fund the integrated services - when will their debts to the council be paid back?	MAKI	No action required
19.	11/12/19	A lot of it is change of wording which makes the various conditions understandable. The data protection seems to have been made very brief for such an important (to the service users) point.	OLI	Response considered and agreed that all relevant protocols are in place, in line with legislation. No further action required.
20.	11/12/19	It seems that the only revision is in terminology/updating wording. Frankly, the scheme has been pretty useless in terms of managing the crisis in GP supply for Mull and Iona with clueless council members interfering in medical matters. Other things going completely against the aspiration to keep folk at home or 'in a homely setting' are the proposed closure of dementia facilities at Lochgilphead and a recent statement from Lorn Medical Centre (allegedly taking over the Mull & Iona GP service next year) that progressive care will move off-island - another slap in the face for all those who raised funds for the Progressive Care Centre to replace Dunaros but ended up with a hospital with too few inpatient beds (so folk have to be removed to Oban and beyond, away from their families and friends) and the poor compromise that is Bowman Court. We need Progressive Care on Mull.	OLI	No action required – majority of the comments are outwith the scope of the review.
21.	11/12/19	The October 2019 revisions to the Integration Scheme	OLI	Noted – as per 7 above, there was an error in the

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		between Argyll and Bute Council and NHS Highland appear to me to be straightforward and uncontroversial. I note that in the last line of 10.6 the word "basis" has correctly been changed to "bases". In the summary of revisions, however, the revised wording quoted includes the word "basis" unaltered.		summary of revisions document issued alongside the Scheme. Revised scheme uses "bases" not "basis".
22.	11/12/19	As far as I know, I have absolutely no first hand experience of the Argyll and Bute Scheme of Integration. I do have enough experience of the public and third sector to recognise that the document you showed us is too high level for an individual to actually be able to relate it to their day to day experience. Second hand I am aware that whatever the grand plan; underfunding and staff shortages in social work at the very least are making implementation difficult and eroding the quality of experience for service users. More focus is needed on the end user experience than sorting out the management layers.	OLI	No action required – outwith the scope of the review.
23.	11/12/19	I don't think it was a good idea, as the care in the community has been a lot worse, as I'm a health care professional i can see it's not good, also I had to take months off my work to nurse my sick mother in 2017.	MAKI	No action required – outwith the scope of the review.
24.	12/12/19	The integration team works it supports vulnerable people in the community who require joint working partnership to live safely and securely knowing with the knowledge they have support	MAKI	No action required – outwith the scope of the review.
25.	12/12/19	It is clear that the entire integration scheme has been a failure. NHS and Social Work should be separated completely and the integration scheme should be discontinued.	Unkn own	No action required – outwith the scope of the review.
26.	12/12/19	No index so one has to wade through 60 pages.	H&L	Agreed to include a contents page.

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		I am a male so why bother asking my opinion as 90% of all staff involved in this are women		
27.	12/12/19	Steps in the right direction, albeit a very complex text on a complex issue, with lots of lengthy repetitions. I will soon email a few queries regarding some of the content, and will make some hopefully helpful suggestions to render the text a bit easier to read.	OLI	Please see comments at 28 below – same respondent.
28.	12/12/19	Dear Madam, dear Sir  Thank you for giving residents in Argyll & Bute the opportunity of reading this paper, and of responding to it.  As already noted in my on-line response submitted on 12 December 2019, at about 14:50, the document suggests steps in the right direction (comment 27 above)  As a local resident, I would, however, like to ask a few questions (see “Feedback – Part One” detailed below) and – with my “linguist hat” on – suggest several edits (see “Feedback – Part Two” detailed below) in order to render the text easier to read.  It will be an honour and a pleasure to receive your answers to my queries, and to find that my edits have been approved and integrated.  <u>Feedback Part One</u>  <b>1. Substantive issues</b> a) page 27, paragraph 8.4.1 – why was “on a monthly basis” deleted?	OLI	1a) The Scheme reflects the actual position. The IJB

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		<p>i. In paragraph 8.4.2 (page 28), “the parties” are obliged to provide “comprehensive reports” to “the Chief Financial Officer” – “on a monthly basis”.</p> <p>ii. The same obligation ought to apply the other way round; in paragraph 8.4.1, “on a monthly basis” should remain.</p> <p><b>b)</b> Page 30, paragraph 8.7.7: “Depreciation of <b>health owned</b> property and other non-current assets used in the services within the scope of Argyll and Bute Integration Joint Board will...”</p> <p>i. <b>Health owned</b> is unclear. Does it mean, “Health and Social Care Partnership”?</p> <p>Suggested revision:-  “Depreciation of <b>property</b> and other non-current assets, owned by the <b>Health and Social Care Partnership</b>, which are used <b>by</b> Argyll and Bute Integration Joint Board, or its services, will...”</p> <p><b>c)</b> Pages 36/37, paragraph 12.3:</p> <p>i. “Liabilities arising from decisions taken by the Argyll and Bute Integration Board will be <b>equally</b> shared between the parties.”</p>		<p>does not meet on a monthly basis and this revision ensures that a report can be provided to every IJB meeting.</p> <p>i. This provision requires the parent bodies to provide monthly reports to the HSCP Chief Financial Officer. These reports inform those that are tabled at each IJB meeting (as per 1a above). No change required.</p> <p>b) The HSCP do not own property. Assets are owned by the two parent bodies - NHS Highland and Argyll and Bute Council depreciate assets in different ways.</p> <p>Agreed to change “health owned” to “NHS Highland owned” for clarification.</p> <p>c) “Equally” was deleted to allow flexibility/to share on a different basis, should liability affect one party more than the other.</p> <p>Liabilities will not be occurred equally, and the</p>

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		<p>Why was “equally” deleted? The clarification is required to prevent future conflict.</p> <p>Suggested revision:-  “Liabilities arising from decisions taken by the Argyll and Bute Integration Board <b>will be shared equally</b> between the parties.”</p> <p><u>Feedback Part Two</u></p> <p><b>2. Repetitive Issues</b></p> <p><b>168</b> occurrences of the lengthy denomination, “Argyll and Bute Integration Joint Board”! This makes readers want to lose the will to live.</p> <p>My perhaps not very conventional suggestion: Use “Argyll and Bute Integration Joint Board (ABIJB) only once per page; use “ABIJB” whenever the term recurs on the same page.</p> <p><b>3. Consistency issue</b></p> <p>a) On page 4, the use of “&amp;” in “Children &amp; Families” clarifies the relationship.  Therefore, likewise:</p> <p>i. Page 3, paragraph 2. Aims and Outcomes:</p>		<p>change provides a fairer process to reflect that one body may incur a greater liability than the other.</p> <p>One of the reasons for removing equally is due to the conflict with the provisions detailed at section 8.2 of the Scheme in respect of Management of the Revenue Budget.</p> <p>2. Agreed to change Argyll and Bute Integration Joint Board to IJB throughout the document (with the exception of the first occurrence) and include reference in the Definitions and Interpretation section of the Scheme (p5).</p>

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		<p>“Children and Families <b>Social Care</b> Services and Justice Services”</p> <p>Suggested revision: “<b>Social Care</b> services for Children &amp; Families and <b>Justice</b> services”.</p> <p>ii. Same page, and page 8, item 2.3 (3 further identical occurrences): “for Children and Families and Justice”.</p> <p>Suggested revision: “for Children &amp; Families, and Justice”.</p> <p><b>4. Sentence logic issues</b></p> <p>a) Page 12, paragraph 4.4.5:</p> <p>“The Parties will continue to provide support to Argyll and Bute Integration Joint Board for <b>the</b> Performance Targets, Improvement Measures and Reporting arrangements, including the effective monitoring and reporting of targets and measures for adjoining NHS Boards and Integration Joint Boards.”</p> <p>Is <b>the</b> required? The following wording may be easier to understand: “...Board <b>for arrangements regarding Performance Targets, Improvement Measures and Reporting, including...</b>”</p>		<p>3ai) – agreed to change</p> <p>3a ii) – agreed to change</p> <p>Agreed to change “and” to “&amp;” throughout document in this respect.</p> <p>4a) Agreed to make suggested change</p>

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		<p><b>b) Page 13, paragraph 5.3:</b></p> <p>“...delivered by employees of the Council, NHS Highland and of the third and independent sectors, <b>as well as the informal carers.</b>”</p> <p>Suggested revision: “...delivered by employees of the Council, NHS <b>Highland, the</b> third and independent sectors, <b>and by</b> informal carers.”</p> <p><b>c) Page 26, paragraph 8.2.21:</b></p> <p>“Argyll and Bute Integration Joint Board may, <b>subject to there being no outstanding payments due to the partner bodies, ...</b>”</p> <p>Suggested revision: “<b>Subject to there being no outstanding payments due to the partner bodies,</b> Argyll and Bute Integration Joint Board may...”</p> <p><b>d) Page 28, paragraph 8.4.2:</b></p> <p>“...will provide to the <b>Argyll and Bute Integration Joint Board Chief Financial Officer</b> comprehensive financial monitoring reports.”</p> <p>Suggested revision: “...will provide <b>comprehensive financial</b></p>		<p>4b) Agreed to make suggested change</p> <p>4c) Agreed to make suggested change</p> <p>4d) Agreed to make suggested change</p>

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		<p><b>monitoring reports</b> to the Argyll and Bute Joint Board Chief Financial Officer.”</p> <p><b>5. Other issues</b></p> <p><b>a)</b> Page 23, paragraph 8.2.11, bullet point list:</p> <p>“NHS Highland for information within such timescales as may be agreed.”</p> <p>Suggested revision: “NHS Highland for information within such <b>a</b> timescales as may be agreed.”</p> <p><b>b)</b> Page 25, paragraph 8.2.19:</p> <p>“Where an in year recovery...”</p> <p>Suggested revision: “Where an <b>in-year</b> recovery...” or “Where <b>recovery within the same tax year...</b>”</p> <p><b>c)</b> Page 29, paragraph 8.7.2:</p> <p>“The Chief Financial Officer of Argyll and Bute Integration Joint Board will require to work...”</p> <p>Suggested revision: “The Chief Financial Officer of Argyll and Bute Integration Joint Board will <b>be required</b> to work...”</p>		<p>5a) Remain as is – no change</p> <p>5b) Agreed to change “in year” to “in-year”</p> <p>5c) Agreed to make suggested change</p>

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		<p><b>d)</b> Page 37, paragraph 13.6:</p> <p>“...by Argyll and Bute Integration Joint Board but this will not be less than once per year.”</p> <p>Suggested revision: “...by Argyll and Bute Integration Joint Board, but this will not be less than once per year.”</p>		5d) Agreed to make suggested change – inclusion of a comma
29.	12/12/19	<p>a) Remove the word "longer" from the first sentence. There are many bad ways to live longer and living longer is implied by the following healthier.</p> <p>b) The core values are waffle. For example, I do not know any health service that does not value 'excellence'. Thus it is meaningless. If you can find me a health service that aspires to not be excellent then I am wrong. They can neither be proved nor disproved and undermines their use. Change them or add numbers.</p> <p>c) This is not needed ", particularly those whose needs are complex and involve support from health and social care at the same time. "</p> <p>d) Take out " plan for and "</p> <p>e) Tale out "high quality". We know that you are not planning low quality.</p> <p>f) The first 3 Scottish gov outcomes bullet points are</p>	MAKI	<p>a) Agreed no change – the word “longer” forms part of the agreed vision.</p> <p>b) Comments noted. No change is proposed. The Scheme states the core values that have been agreed by the parent bodies.</p> <p>c) Comments noted. No change is proposed.</p> <p>d) Comments noted. No change is proposed.</p> <p>e) Comments noted. No change is proposed.</p> <p>f) No action required.</p>

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		<p>good start out well.</p> <p>Just looked at how long this document is. I am about to give up. I am on a bus and this needs focus. Can you cut out all the waffle and nothingness phrases and I will look at it again.</p>		
30.	12/12/19	Fully support the proposed changes set out in the document set.	Unkn own	No action required
31.	13/12/19	It's been a complete and utter disaster with a runaway budget, poorly managed, little accountability and little chance of a turnaround. It has also destroyed the morale of council staff given they are being made redundant while nhs staff are protected many of them not even in the jobs they were hired for. There is a need for an urgent review to get a grip of this situation.	MAKI	No action required – outwith the scope of the review
32.	13/12/19	The document is poorly worded. It has multiple statements that simply vacuous truths. Similar to “we aspire to provide top quality service”. No one is aspiring to give a sub-optimal service. It make reading the document cringe-worthy and I can't get beyond this to the substance. If you could tidy this up I could give it another read.	MAKI	Comments noted. The Scheme has been prepared in line with Scottish Government model template. No action required.
33.	14/12/19	Due to the geographical constitution of Argyll and Bute, it makes sense to integrate services with a similar area like the Highlands and Islands, with a lot of experiences and efficiencies to be gained. Present arrangements with NHS GG and Clyde are less than desirable. A&E services are an hour away (Paisley) plus patients from Helensburgh and Lomond are often referred to Inverclyde Hospital. It doesn't make much sense.	H&L	In principle it would be possible for the current review of the Scheme to consider the inclusion, or otherwise, of discretionary elements of service which are not a statutory requirement to be included. There are no recommendations being made here to do this. No action required.
34.	15/12/19	Revisions seem appropriate and well thought out.	MAKI	No action required

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35.	16/12/19	No comment	OLI	No action required
36.	17/12/19	Thought the named person legislation had been changed and the named person idea had been scrapped?	MAKI	Following a check by the Council's Legal Service, it can be advised that the provision of named persons sits within Part 4 of the Children and Young People (Scotland) Act 2014. Not all of Part 4 is currently in force, but some provisions are. Therefore these legislative functions are delegated by the Health Board to the IJB insofar as they are currently in force.
37.	21/12/19	From review it looks like this is bringing the scheme into line with current rulings and law changes. Interesting that the surplus at year end can be held locally rather than other budgets that have to be handed back to the Scottish Government.	H&L	No action required
38.	30/12/19	Yet more wordy BS on how to keep the jobs for the bureaucrats. Nothing at all addressing how you will maintain the local community doctors, nurses and surgeries, which is what the remote rural local communities (your voters) actually want. We don't want more pages and pages of fluff, we want to see proper action to keep the surgeries open.	MAKI	No action required
39.	04/01/20	The revision of the scheme of integration appear to be appropriate to where we are.	MAKI	No action required
40.	05/01/20	I was not able to identify any material changes of note.	H&L	No action required
41.	07/01/20	I have been asked as a stakeholder to comment on the above, overall it reads well. Under Justice Services there is no mention of Community justice, this may, however, be intentional.  The most relevant legislation for Justice Services is: a) Social Work (Scotland) Act 1968 Section 27 b) Criminal Justice and Licensing (Scotland) Act	MAKI	Advice from the Chief Social work Officer is that "Justice" is now the appropriate term to cover both Community and Criminal Justice.  Legal Services have undertaken a check of the legislation for Justice Services and advise as follows:- a) Included at page 53 of the Scheme. This is a local authority function that has been delegated by virtue

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		2010 c) Management of Offenders (Scotland) Act 2005 d) Community Justice (Scotland) Act 2016		of the Schedule to the Public Bodies (Joint Working) (Scotland) Act 2014. b) The functions under this statute do not appear in the “must delegate” or “may delegate” lists and therefore it is not possible for either of the parent bodies to delegate any functions under this Act to the IJB. c) Sections 10 and 11 are included at page 56 of the Scheme. These are functions that the local authority <i>may</i> delegate. d) As per (b) above.
42.	14/01/20	Hello, I wondered why person centred and co production have been removed as a core value of the council and NHS Highland? The Scottish Government have said Integration is about delivering services in an outcome focused way around the person. There is a lot in the Integration Scheme about the organisation of the IJB and finances. It would be good to keep at least a mention of the reason for integration and the people who should be the main focus of the activity.	B&C	The Scheme has been updated to reflect the current Vision/Values of both parent bodies.
43.	15/01/20	Response from Argyll and Bute TSI – <b>please see attached at appendix 2</b>	A&B wide	<b><u>Heading:- Our understanding of the background to this proposal by Argyll and Bute Council and NHS Highland</u></b>  <ul style="list-style-type: none"> <li>• Points 1 to 6 – do not raise any issues in respect of the content of the Scheme. No action required.</li> <li>• NB point 4 – Integration Scheme requires to be submitted by June 2020, not 2021.</li> </ul> <b><u>Heading:- Our understanding of the process which has been followed to arrive at the current proposal</u></b>

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				<ul style="list-style-type: none"> <li>• Points 1 to 4 – do not raise any issues in respect of the content of the Scheme. No action required</li> <li>• NB point 3 – The consultation process followed for the quinquennial review of the Integration Scheme has been conducted in accordance with the provisions of the <i>Public Bodies (Joint Working) (Scotland) Act 2014</i>, which sets out the legislative requirements with which partners must comply with in undertaking this exercise. As part of this, regard was had to the integration planning principles and the national health and wellbeing outcomes. The joint process also ensured that all relevant stakeholders were consulted by complying with the <i>Public Bodies (Joint Working) (Prescribed Consultees) (Scotland) Regulations 2014</i>. Additional stakeholders, that the partner bodies and the HSCP considered appropriate, were also included, exceeding our legislative requirements. It should be stressed that the planning/review/revision of the Integration Scheme is a task to be undertaken jointly by the parent bodies. It is not carried out by the IJB/HSCP, therefore the application of the Engagement Framework is a tool for use by the IJB, and therefore outwith the scope of the joint review of the Scheme being carried out by the parent bodies.</li> <li>• NB point 4 – Officers involved in the review Working Group were nominated by NHS Highland, Argyll and Bute Council and the HSCP. The statutory consultation process that has been followed in</li> </ul>

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				<p>respect of this review allows for all interested parties, including the third sector, to have their say.</p> <p><b>Heading:- <u>HSCP budget challenges and the Integration Scheme</u></b></p> <ul style="list-style-type: none"> <li>• Points 1 to 8 – factual points that do not raise any issues in respect of the content of the Scheme</li> </ul> <p><b>Heading:- <u>Deciding which services should be delegated to the HSCP</u></b></p> <ul style="list-style-type: none"> <li>• Points 1 to 9 do not raise any issues in respect of the content of the Scheme.</li> <li>• NB - In principle it would be possible for the current review of the Scheme to consider the inclusion, or otherwise, of discretionary elements of service which are not a statutory requirement to be included. There are no recommendations being made here to do this. No action required.</li> </ul> <p><b>Heading:- <u>Specific comments in respect of funding arrangements between the partners</u></b></p> <ul style="list-style-type: none"> <li>• Points 1 / 2 – The Schemes provisions in terms of the use of recovery plans is in line with the professional guidance provided to local authorities and health boards within the ‘Integrated Resources Advisory Group Finance Guidance’ document. Section 4.3.1 of the document deals specifically with budget variances and at 4.3.1.2 “<i>it is recommended</i></li> </ul>

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				<p><i>that if an overspend is forecast on either arm of the operational Integrated Budget, the Chief Officer and the relevant finance officer should agree a recovery plan to balance the overspending budget.”</i></p> <ul style="list-style-type: none"> <li>• The comments provided relate to performance, ie how the provisions have been implemented, rather than the provision itself. No alternative to the current arrangements is being recommended, therefore no action is proposed.</li> </ul> <p><b>Heading:- <u>Participation and Engagement</u></b></p> <ul style="list-style-type: none"> <li>• Point 1 - The view of the parent bodies, as part of their review of the Scheme, was that no change to the services currently delegated to HSCP was required. This was considered prior to going out to consultation and on balance it was felt that the current scale of delegation best supports effective delivery of services.</li> <li>• Point 2 – The financial provisions within the Scheme have been detailed in line with the Scottish Government model scheme and, as per the previous comments above in respect of funding, follow the professional guidance provided to local authorities and health boards within the ‘Integrated Resources Advisory Group Finance Guidance’ document, which ensures that the provisions of the Public Bodies (Joint Working) (Scotland) Act 2014 are carried out. Sections 4.2.7 to 4.2.10 of the financial guidance clearly sets out the process to be used by the two parent bodies in determining allocations to the</li> </ul>

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				<p>Integrated Budget in subsequent years, therefore this detail does not require to be set out in the Scheme itself.</p> <p><b>Heading:-</b> <u>Our feedback on what should happen next</u></p> <ul style="list-style-type: none"> <li>Point 1 - As per the points previously made above in respect of the consultation process, it should be reiterated that this was conducted in accordance with the provisions of the <i>Public Bodies (Joint Working) (Scotland) Act 2014</i>, which sets out the legislative requirements with which partners must comply with in undertaking this exercise. As part of this, regard was had to the integration planning principles and the national health and wellbeing outcomes. The joint process also ensured that all relevant stakeholders were consulted by complying with the <i>Public Bodies (Joint Working) (Prescribed Consultees) (Scotland) Regulations 2014</i>. Additional stakeholders, that the partner bodies and the HSCP considered appropriate, were also included, exceeding our legislative requirements. It should be stressed that the planning/review/revision of the Integration Scheme is a task to be undertaken jointly by the parent bodies. It is not carried out by the IJB/HSCP, therefore the application of the Engagement Framework is a tool for use by the IJB, and therefore outwith the scope of the joint review of the Scheme being carried out by the parent bodies.</li> </ul> <p>A report detailing the proposed arrangements for the</p>

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				<p>6 week consultation was submitted to meetings of the Council (28/11/19), NHS Highland Board (26/11/19) and the IJB (29/11/19). The report was agreed at each of these meetings, and have detailed below an extract of the minute of the IJB held on 29/11/19:-</p> <p><b>10. REVIEW OF HEALTH AND SOCIAL CARE INTEGRATION SCHEME</b></p> <p>The Integration Joint Board gave consideration to a report that set out proposed revisions to the Health and Social Care Integration Scheme following a joint review. The report detailed the next steps including the requirement for the Council and the Health Board to undertake a joint consultation with prescribed stakeholders.</p> <p><b>Decision</b></p> <p>The Integration Joint Board –</p> <ol style="list-style-type: none"> <li>1. Noted the revisions detailed within the updated Integration Scheme, attached at Appendix 1 to the submitted report.</li> <li>2. Noted the proposed arrangements for a joint consultation exercise set out at sections 3.6 to 3.12 of the submitted report.</li> <li>3. Agreed to engage with and participate in the consultation exercise to be carried out.</li> </ol> <p>(Reference: Report by IJB Standards Officer, submitted)</p> <p>The proposed consultee list was also circulated to relevant Officers within the HSCP who, as part of their duties, undertake engagement related activity. As a result of this further consultee groups were added to the stakeholder list.</p>

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				<p>The initial consultation process, which was carried out in December 2014 when the Scheme of Integration was being introduced, followed a very similar process to the one undertaken in December 2019. The earlier consultation provided a focus on what integration was /what it meant as at this time the Health and Social care partnership was a new body/entity. The Scheme of Integration is now well established.</p> <ul style="list-style-type: none"> <li>• Point 2 - The view of the parent bodies, as part of their review of the Scheme, was that no change to the services currently delegated to HSCP was required. This was considered prior to going out to consultation and on balance it was felt that the current scale of delegation best supports effective delivery of services.</li> <li>• Point 3 – As per previous comments in respect of funding, the financial provisions within the Scheme have been detailed in line with the Scottish Government model scheme and follow the professional guidance provided to local authorities and health boards within the ‘Integrated Resources Advisory Group Finance Guidance’ document, which ensures that the provisions of the Public Bodies (Joint Working) (Scotland) Act 2014 are carried out. Sections 4.2.7 to 4.2.10 of the financial guidance clearly sets out the process to be used by the two parent bodies in determining allocations to the Integrated Budget in subsequent years. The comments provided relate to performance, ie how</li> </ul>

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				the provisions have been implemented, rather than the provision itself. No alternative to the current arrangements is being recommended, therefore no action is proposed.
44.	16/01/20	<p>The document reads more as a management 'have to produce' document rather than a public information readable document. The summary of revisions is helpful but again complicated for the general public.</p> <p>Interesting that the core values at start are not aligned to the HSCP strategic objective for 'people' (what a cold word for your staff, service users and their carers) safety and protection from harm, so relevant today. Reference is made elsewhere in the document.</p> <p>This document is severe in its wording, very business led and does not appear to show the wording or willingness to involve community partnership more for the health and wellbeing of the 'people' you serve.</p>	H&L	<p>The Scheme has been prepared in accordance with the Scottish Government model template.</p> <p>Comments noted. No changes proposed.</p> <p>Comments noted. No changes proposed.</p>
45.	16/01/20	Strachur Community Council is grateful for being included in the consultation on the revised Argyll & Bute Integration Scheme. Members of the Community Council discussed the proposed changes to the document at a meeting on 15th January 2020 and agreed there were no issues relating to these changes that they wished to comment on.	B&C	No action required
46.		N/A		Other minor revisions recommended to the Scheme following the consultation process:-

Ref	Date	Consultation Response	Area	Proposed Action/Response
				<p>9.1 – List of consultees</p> <ul style="list-style-type: none"><li>• Remove Argyll and Bute Public Partnership Forums (not consulted with as been suspended) and replace with Locality Planning Groups</li><li>• Add Health and Wellbeing Networks – additional consultees</li></ul>