RESPONSES VIA ONLINE SURVEY (1 TO 33)

Ref.	**1(a)** 1.1 - Vision and Values (page 3)	**1(b)** 1.4 - Finance arrangements (page 5)	**1(c)** 3.2 - Local Governance Arrangements (page 8)	**1(d)** 5.3.1 - Corporate Support Services (page 11)	**1(e)** Section 9 - Finance (page 20 - 30)	**1(f)** Section 10 - Participation and Engagement (page 30 - 32)	**1(g)** Section 11 - Information Sharing and Data Handling (page 32)	**1(h)** Section 14 - Risk Management / Internal Audit (page 35 - 36)	**1(i)** Annex 1 (page 39)	**1(j)** Annex 4 - Clinical and Care Governance Structure (page 60)	**2(a)** What is your primary interest in the Integration Scheme?	**Review by Working Group - agreed action**
1	no issues	no issues with wording.	no issues	Anything about NHSH and ABC being held accountable for actually providing those agreed services? Anything can be agreed but what about delivery	This section all about protecting NHSH and ABC. nothing about finance following increased need especially social care or that even being considered. Increase in older people and decreasing birth rate should surely prompt a shift in resource allocation. An HSCP does not have the powers on its own to pull or redistribute funding across wider Council services	no comments	no comments	no comments	no comments	no comments	I am a health professional	**No change to Scheme - comments outwith scope of this review**
2	A joined up approach to the vision and values of the HSCP as an organisation in its own right as opposed to two bodies working in partnership with independent values implies an assertive, proactive and decisive approach to the provision of health and social care within the area. This wording should provide assurance to the wider public.	No particular view.	No particular view	No particular view	Para 9.2.2 - agree this wording is to the point and removes any dubiety.	No particular view	No particular view	No particular view	No particular view	Its good to have a clear outline of this structure	I am an employee of the local authority and/or health board	**No change to Scheme -**
3											I am a carer	**No change to Scheme**
4	Needs to add list of local provision for chronic health conditions. It's not fair or reasonable that patients with e.g. dementia or serious mental health conditions do not have access to in-patient care within A&B.	This is a mess. It needs to be directly funded by the Scottish Government.	A mess. How will the 4 elected Councillors be held accountable for their decisions? What relevant qualifications or experience will they have? How will conflicts of interest be avoided/managed? How will the 4 elected Councillors receive guidance/advice from Council officers? Why are there no patient/service user representatives on the board?								I am a user of health services	**No change to Scheme - the detail sought is availabe from other information sources such as the Council/NHS websites**
5									Sorry not sure where to put this. Occupational Therapy (Social work remit) is delegated to the HSCP, this has never been officially recorded anywhere. Also, the governance and support in terms of formal regulation comes through the Associate AHP Director for OT, not the CSWO. This needs to be clarified/noted as there is no mention that there is an element of social work that is fulfilled by OT including the statutory obligation to provide appropriate assessment. Also, do we need to clarify the Health & Care Staffing Act (as new legislation) and where the responsibility/reporting sits?		I am a health professional	**No change to Scheme - the statutory functions listed at Part 1 of Annexes 1 (in the case of NHS Highland) and 2 (in the case of Argyll and Bute Council) are those functions which have been prescribed and/or permitted in terms of the Public Bodies (Joint Working) (Scotland) Act 2014. It is not possible for partners to list legislative functions not prescribed by virtue of that legislation.**
6	I agree with the priorities identified but they are not a 'vision' or 'values'.	No comment	No comment	No comment	9.2.2 - 'the IJB must approve a balanced budget' - is this always going to be possible, or is this more of an aim?	No comment	No comment	No comment	No comment	No comment	Social housing provider working with HSCP	**Section 1.1 has been updated to reflect the current Strategic Plan. The heading changed to "vision and priorities" to reflect changes. This is not in contravention of statutory requirements**
7											I am a user of health services	**No change to Scheme**
8					Para 9.2.2 The proposed revision states that "The IJB must approve a balanced budget." This means that if the budget is balanced then it is mandatory upon the IJB to approve it. I doubt that this is the intention. I suggest that the revison should be worded as follows. "The IJB may approve only a balanced budget." That said, the previous wording of " The IJB cannot approve a budget which exceeds resources available." is quite specific, whereas a "balanced budget" might be somewhat less so.						I am a user of health services	**The response/view is based on an incorrect interpretation of the proposed wording. No change required to proposed revision as it clarifies the position.**
9	Pointless waffle (as required these days)	No comment		The parties will:... (followed by two deleted paragraphs)	No comment	No comment		The usual evasion of responsibility.	No comment	No comment	I am a user of health services	**No change to Scheme**
10	no idea	no idea	no idea	no idea	spend more on the elderly	no idea	I could answer if I knew the question	no idea	no idea	no idea	I am a user of health services	**No change to Scheme**
11	How can I do any of these things when it is not clear how to access or open the documents										I am a carer	**No change to Scheme**
12	Irrelevant	Irrelevant..so you say	Hopeless								I am a user of social care services	**No change to Scheme**

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13	You have described a clear vision but there appears to no longer be a set of values associated with this and I think this is required as values help set the culture of the organisation	The changes evidence that the structures are now embedded appear move the focus to the longer term financial outlook, which will support operational delivery	Changes provide additional clarity but not a substantial change	Again changes reflect an embedded structure	Recognising the financial challenges that all public sector organisations are facing it is appropriate that there is more rigour around financial reporting i.e. agreed reporting frequency which allows both parties to provide adequate assurance through their internal governance mechanisms. Moving to financial plans will provide more granular information rather than a high level strategy which should assist both parties and the IJB with its financial planning, recognising that all parties must deliver a break even position. Again changes throughout this section reaffirm the requirement for financial balance at year end and the need to provide assurance on the position. Additionally, the clarity around capital planning and the collaborative approach requi Across health and the council is a valuable addition	I note that NHS24 and SAS are included in other stakeholders but should NHS GoldenJubilee be included considering the primary pci service will receive patients directly from Cowal	Changes appropriate	Since the IJB has delegated responsibility for a number of areas it is appropriate that there is an ARC taking accountability for assuring the internal governance of the IJB by ensuring appropriate controls are in place and providing the governance statements		Appropriate	I am a user of health services	**Section 1.1 has been updated to reflect the current Strategic Plan. The heading changed to "vision and priorities" to reflect changes. This is not in contravention of statutory requirements**
14											Community council convenor	**No change to Scheme**
15											I am a user of health services	**No change to Scheme**
16											I am a user of health services	**No change to Scheme**
17	Not clear what the priorities mean, they don't seem relevant in this section maybe they should be in section 1.2, no mention of values so maybe it should just be a vision statement.	no comment	no comment	no comment	no comment	no comment	no comment	no comment	no comment	no comment	I am an employee of the local authority and/or health board	**Section 1.1 has been updated to reflect the current Strategic Plan. The heading changed to "vision and priorities" to reflect changes. This is not in contravention of statutory requirements**
18	Useless. Im practice the entire scheme needs to be abaandoned.	waiting for opertion but NHS Highhland says operation should be in NHS Greater Glasgow and Clyse bcause Argyll has a PA (Paisley) postcode but NHS Greater Glasgow and Clyde says operation should be in NHS Hiughalknd area because Oban is in NHS Highland area	useless	useless	each wants the other to pay	Patients should came fiurst, not artificial boundaries	I object to data sharing	risk to petients is very high	L:ocal uthority ounbdaries shouls be changed. In particular Argyll & Bute Council should be abolished.	Impcrovements not possible until A & B Council is abolished	I am a user of health services	**No change to Scheme - comments outwith scope of review**
19	seems the initial scheme was not particularly fir for purpose	Poor focus seems on cuts. Communication between council and health seems poor	need to be more open	too may chiefs and bot enough Indians. meetings for the sake of a meeting	poor management. top heavy and wasteful	people are either interested or disinterested. Most people are disinterested unless there is a direct threat to them	ineffective	audits should be independent	no comment	top heavy	I am a health professional	**No change to Scheme - comments outwith scope of review**
20											I am a carer	**No change to Scheme**
21	As a consumer of the excellent heathcare provided, I'm not interested nor informed as to the policies, procedures, measurements, contingencies adopted to deliver these services. I'm merely interested in their outcome and what ever revisions are adopted the services are maintained or improved.	As a consumer of the excellent heathcare provided, I'm not interested nor informed as to the policies, procedures, measurements, contingencies adopted to deliver these services. I'm merely interested in their outcome and what ever revisions are adopted the services are maintained or improved.	As a consumer of the excellent heathcare provided, I'm not interested nor informed as to the policies, procedures, measurements, contingencies adopted to deliver these services. I'm merely interested in their outcome and what ever revisions are adopted the services are maintained or improved.	As a consumer of the excellent heathcare provided, I'm not interested nor informed as to the policies, procedures, measurements, contingencies adopted to deliver these services. I'm merely interested in their outcome and what ever revisions are adopted the services are maintained or improved.	As a consumer of the excellent heathcare provided, I'm not interested nor informed as to the policies, procedures, measurements, contingencies adopted to deliver these services. I'm merely interested in their outcome and what ever revisions are adopted the services are maintained or improved.	As a consumer of the excellent heathcare provided, I'm not interested nor informed as to the policies, procedures, measurements, contingencies adopted to deliver these services. I'm merely interested in their outcome and what ever revisions are adopted the services are maintained or improved.	As a consumer of the excellent heathcare provided, I'm not interested nor informed as to the policies, procedures, measurements, contingencies adopted to deliver these services. I'm merely interested in their outcome and what ever revisions are adopted the services are maintained or improved.	As a consumer of the excellent heathcare provided, I'm not interested nor informed as to the policies, procedures, measurements, contingencies adopted to deliver these services. I'm merely interested in their outcome and what ever revisions are adopted the services are maintained or improved.	As a consumer of the excellent heathcare provided, I'm not interested nor informed as to the policies, procedures, measurements, contingencies adopted to deliver these services. I'm merely interested in their outcome and what ever revisions are adopted the services are maintained or improved.	As a consumer of the excellent heathcare provided, I'm not interested nor informed as to the policies, procedures, measurements, contingencies adopted to deliver these services. I'm merely interested in their outcome and what ever revisions are adopted the services are maintained or improved.	I am a user of health services	**No change to Scheme**
22	May be correct but does not reflect what happens.	Looks ok	Not correct	Does this include third parties?	Looks correct	OK	As per data protection	Who audits internaly			I am a user of health services	**No change to Scheme**
23								Actually looking at Section 15 there are two page 37s. Thank goodness this is only once every five years.			Visitor to Argyll & Bute therefore possible recipient of care.	**Duplicate page number corrected**
24											I am a user of health services	**No change to Scheme**
25											I am a user of health services	**No change to Scheme**

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26	You are missing from the high level priorities "IN THEIR COMMUNITY" - we don't wish to have to go to Glasgow (3.5 hours away IF the road is open)		4th bullet point should include the words "IN THEIR COMMUNITY" - we don't wish to have to go to Glasgow (3.5 hours away IF the road is open)			What a waste of time. You and the SG have been called out by the SHRC (2025) for failing in your duty to provide the basic human right of access to health for those of us living in the Highlands, with this Central Belt policy of NHS provision which doesn't work here, yet your response via this Participation and Engagement is just to 'tweak' the wording of the failed policy and ask us, the long-suffering users, whether we agree - what BS. This P&E needs to allow the proper discourse and challenge and highlighting of the issues we the users have faced over the last 5 years and solutions to be agreed, not some tick-box exercise of word tweaking. This isn't just some griping - it is life and death. My partner nearly died because of your policy - you've stripped Campbeltown Hospital to the bone so it doesn't have the resources to deal with most life-threatening emergencies - which means they have to be blue-lit to Glasgow 3-4 hours away. When my partner's occurred, neither the Life flight or the Coastguard helicopter could fly due to fog, and ALL the roads were closed due to storm damage.And my partner's experience is a one-off, there are many other similar cases here in Kintyre. We need PROPER provision IN THE COMMUNITY - not in the Central Belt.					I am a user of health services	**No change to Scheme - comments outwith scope of review**
27	Still no communication within partnerships	Funding decisions affect users - NHS being funded directly and indirectly, lots of people at the top(GPs getting paid from NHS and Council) getting lots of money and shortcomings for the user - no money for home helps. Needs addressing.	Local governance not implemented - decisions made - end users not notified of changes	Performance management - no body listens! Decisions made without having discussed with individuals.	Needs scrutinising - money being poured into wrong pockets	Needs looked at	Policies not always adhered to	Dispute mechanism not meeting individual needs when challenges are made, ie the ranks close - supposed to be entitled to - People who use health and social care services have positive experiences of thoseservices, and have their dignity respected. - This does not happen locally. • Health and social care services are centered on helping to maintain or improve the quality of life of people who use those services. Not happening locally. GP practices being run for profit not for people.		Needs adressing	I am a carer	**No change to Scheme - comments outwith scope of review**
28	The proposed vision and values don't actually set out any values. It sets out the vision and priorities, but says nothing about a commitment to caring, compassion, excellence etc. The removal of this may be seen to be indicative of a reducing commitment to delivering a quality service, underpinned by a strong value system.	Happy with this, although phrases like "key planning assumptions" aren't Plain English and if this is to be a public document, should be replaced with something that will be understandable by a wider audience.	Looks fine to me	Looks fine to me	What is says is in 9.1.6 is fine in principle but the way it is worded is not Plain English. I would suggest a new sentence rather than adding to the old one that says: The frequency of updates will be agreed by the Council and NHS Highland, in order to inform their financial plans and safeguard their financial sustainability. Even that is a bit wordy but is more user friendly than the proposal. The rest of it looks fine to me.	Looks fine to me - for ease of the reader, it would be good to link to the engagement framework within the document	Looks fine to me	Looks fine to me	no comment	no comment	I am a carer	**Section 1.1 has been updated to reflect the current Strategic Plan. The heading changed to "vision and priorities" to reflect changes. This is not in contravention of statutory requirements** **Link to the Engagement Framework added at section 10.2**
29	Nice words – however in practise these values are budget led – early intervention must be a core value as this would prevent larger costs. Pro active rather than reactive.	It is essential that a budget is produced and adhered to – no council fuding should be syphoned off to support NHS other than statutory duties.	These seem fine – however nominees for board members should be local and have some qualification in the subject to enable them to participate and not just reply on whats presented to them.	Seems very woolly – I know this is a consultation however stop we recommend and rather what we will.	Strict budgeting controls need to be in place – overspends frequently happen and this has an impact on services and communities	Engagement must be via all mediums – paper copies must be available to those who are not technically engaged. Very interesting to note there are no representatives from ABC Homeless – this is a statutory function and works very closely with health, social housing, police etc	Whilst this is a legal requirement lets not forget Common sense!				I am a social care professional	**No change to Scheme**
30	No comment	NHS to work within budget	Children's Services and Justice should be part of the Council and associated with Education.	Parent organisations need to provide full corporate support for the HSCP. HSCP can not afford to be starved of the support that would be given to services if they remained part of NHSH or Council	There requires to be recognition of the rising level of need. As per Christie, disinvestment in acute NHS services and investment in community resources	No comment	Is adequate as stands	Needs to be recognised that Council services have significant management and audit through established multi agency processes such as APC	No comment	Needs balance of Council and NHS governance. Current structures are NHS dominated	I am a user of health services	**No change to Scheme**

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31	The vision for the plan is great. I do not fully understand what the high level priorities mean in practice (apart from community participation) and I would welcome some more detail. They are at this point so high level that they are more like concepts than priorities.	I do not think there is any detail here of accountability for the finances of the IJB. It is not clear to me what happens if more funding is needed, if there are difficulties or if one party is not acting in line with the spirit of openess and transparency. I agree with the principles but there is no safety net.	I would much prefer if some specific mention of children was made. I am concerned that the arrangements will sacrifice the children's budget for the need for adult social care provision. I think arrangements for child health are precarious and rely on links to NHS GGC, which are subject to change and most often cuts. This leaves child health in a increasingly precarious position and the governance arrangements do not specify how this will be remedied or managed. I would like to see some ring fencing for children's services. I do not think that health public protection and child protection should be included in this scheme, as Child Death Reviews are not. The legislation around provision of forensic medical services means that the health board is responsible for ensuring this service to adults and children. Argyll and Bute receives this from NHS GGC/ Archway, so this is a clinical pathway, and a service level agreement, not integration. It therefore can be ended if NHS GGC chose to stop it and there is no safety net. While the practical arrangements would not change, I do not think you can include this in the scheme of integration as it would be counter to the legislative requirements. I am concerned that we see a significant disparity in child protection resource in Argyll and Bute compared to Highland, with Argyll and Bute losing out. If child protection (health) remains outside of the IJB the board retains responsibility in line with the National Guidance for Child Protection in Scotland which is underpinned by the NHS assurance and accountability framework - which sets out board responsibilities in respect of all aspects of public protection arrangements. I do not think the IJB has the resource to meet these standards under current and proposed plans.	No concerns.	This section is quite technical and not very easy to follow. I do not have specific concerns, except that I would not wish to see children disadvantaged by these integration arrangements which appear to mainly suit adult services. I would prefer if some explicit arrangements were set out that the children's budget cannot be reduced to fund adult social care or adult health care and changes to the funding of all child health services and children's social care services that are within the scheme of delegation cannot be reduced without consultation and agreement of all partners. In this way the provisions of the new legislation in respect of the UNCRC is taken into account.	no concerns	no concerns	It is unclear to me if the plan for internal audit relates to financial matters or the delivery of care. I note that there are any number of professional standards required for health staff and national guidance in respect of children's health care services and public protection. It is unclear to me what the IJB will do if these standards are missed and how they will work with professional groups to get the input needed to know about any risks to delivery of services. I also feel that specific mention of risks to child health services should be highlighted, in respect of UNCRC legislation.	I do not believe that public protection should fall under the IJB arrangements as these should remain to be centrally organised through the health board's public protection arrangements so there can be parity of provision across the board area. This would allow the public health nurses needed to work in their preventative roles, the opportunity to do this, without excess time spent on child protection health work.	There is no link shown between the clinical and care governance committee and the NHS Highland board, which seems to be a lack in the schematic. I think the revised scheme must be clear that all board resources for health care should used where appropriate and this includes professional and specialist expertise, not necessarily located within Argyll and Bute. Please note also that child death reviews sit outside these arrangements but will need a mechanism to feedback to the clinical and care governance committee and child death reviews remain a health board responsibility in line with DL(20220)25. So it would be useful to understand where professional networks fit into the proposed revised scheme of integration so that the board can fulfil its obligations in respect of public protection and child health services. Especially as all the clinical pathways link to NHS GGC and not NHSH.	I am a health professional	**No change to Scheme - the detail sought is covered within supporting documentation such as the Argyll and Bute HSCP Joint Strategic Plan.**
32					My late wife had a care package during the last year of her life. Care was provided by around six or seven organisations including two terminal care charities, NHS nurses, NHS care workers, three or four charities and commercial concerns providing home care services. All this co-ordinated as best it could be by a Helensburgh based social worker. Each of these organisations have tiers of management doing the same job. Some had not trained their staff properly. One charity had trainee workers paid £11.02 per hour and a CEO on over £100K. Huge amounts of money are wasted on hiring in staff from outside agencies instead of employing them direct.						I am very likely going to need an end of life care package in the future.	**No change to Scheme - comments outwith scope of review**
33	First impressions- it is a rehash of what we had before- this means that the plan will result in us doing the same again. It is full of jargon; is not accessible and if it is intended as document to be read by the public, it misses the mark. Secondly- you state 'Argyll and Bute Integration Joint Board (IJB) will plan for and deliver high quality health and social care services...'- that is a bold statement- how will you ensure your words result in actions that deliver those high quality services we desire. Certainly, at this time the delivery of social work services and the subsequent allocation of reduced time and task social care is not person-centred and is not quality.	How will you work together 'in the spirit of partnership, openness and transparency?' There is little evidence of this currently- participation and open collaboration is not clearly there- once again the planned actions that follow these words is essential to make this document that sees the changes we desire.	As above. Significant improvements need to be made in social work services if we are to realise the vision of the SDS, carers and human rights legislation all of which are related to H&SC integration.	No objections to the changes made	As well as a balanced budget, other statutory duties described in the SDS, Carers and other legislation must be upheld. The IJB needs to question why a 'balanced budget' trumps other legal responsibilities which should also be mentioned in the plan (not in the whole, but as mention e.g. 'The HSCP will ensure all statutory legal duties detailed in relevant health, social care, local government and financial legislation are adhered to.' On 9.2.18- that plans to recover overspends will not contravene other legal duties the HSCP holds. 9.2.19- all elements of the plan should be monitored and reported on- not just financial ones.	And that participation and engagement should be meaningful and accessible. It should recognise the diversity of those utilsing HSCP services- this means that resources for participation and engagement should be available in alternative formats e.g. easy read. That, for example, engagement with children or people with learning disabilities should be conducted in a way that supports understanding. The HSCP should work with partners e.g. independent advocacy, independent support organisations (SiRD), registered support providers to ensure people are reached and included.	Fine	Fine	you should also include the Social Care (Self-directed Support (Scotland) Act 2013 as the main stream mechanism for delivery of social care and the Carers Act (2016)	Fine	I am a social care professional	**As per 5 above - update comment to advise that the statutory functions listed at Part 1 of Annexes 1 (in the case of NHS Highland) and 2 (in the case of Argyll and Bute Council) are those functions which have been prescribed and/or permitted in terms of the Public Bodies (Joint Working) (Scotland) Act 2014. It is not possible for partners to list legislative functions not prescribed by virtue of that legislation.**
	RESPONSES VIA EMAIL/LETTER (34 TO 36)											
34	Good morning, South Cowal Community Council wishes to make a brief comment on the health and social care integration consultation. We do not believe there is any genuine integration. What we have are 2 separate organisations with an additional overhead but which have separate structures, separate employers and, in practice, separate budgets. This is integration in name only. To illustrate this, we currently have a freeze or partial freeze on care at home. Someone currently getting care at home needs to drop out of the system to free up capacity for someone else. There simply must be bed blocking as a result, one of the key issues integration was supposed to resolve. Members of the community council know of individuals in our area that this has affected and where they have been left in hospital for extended periods. If there was a properly integrated system, this would not happen. We agreed to copy in our MSP Janni Minto to this.										Community Council	**No change to Scheme**

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35	Having reviewed the document, I would like to raise concerns regarding the terminology used throughout, particularly the frequent use of the term social care to describe social work services. This conflation has led to several inaccuracies within the document. In March 2010, the Scottish Government published guidance on the role of the registered social worker in statutory interventions. This guidance emphasised the importance of raising public confidence in social work by laying out the fact that accountability for such interventions rests with registered social workers. The term social care typically refers to direct assistance and support, whereas social work encompasses a broader professional remit, including advocacy, assessment, intervention, and statutory responsibilities. Using social work more consistently and accurately reflects the professional duties, legal obligations, and accountability inherent in the role. Below are examples of terminology inconsistencies within the Scheme of Integration: •Page 9, Section 3.3: “Social Care services for Children & Families social care and Justice social care” This should be amended to: Social work services for Children & Families and Justice. •"National outcomes and standards for Social Care Services in the Justice System" This is factually incorrect. There are no such standards for social care services in the justice system. However, there are National Outcomes and Standards for Social Work Services in the Justice System. •Page 14, Section 6.4: “Argyll and Bute Council is responsible for social care services.” This should be revised to include social work services. •Section 6.5: “The Chief Social Work Officer holds professional accountability for social care services.” My understanding is that the CSWO’s role is primarily focused on the professional oversight, accountability, and quality assurance of social work services within their area. While this may encompass elements of social care in integrated arrangements, the current phrasing is potentially misleading. It is essential that the terminology used accurately reflects the distinct roles and contributions of social workers. Doing so ensures clarity, preserves professional integrity, and supports public understanding of statutory responsibilities.										I am a social care professional	**Suggested changes in respect of use of social care/social work terminolgy agreed and updated. Following subsequent engagement with the service to clarify some of the feedback, other instances highlighted and revised. In addition, reference made to The Promise on p5 and p10.**
36	The entire Scheme is absurd. What's needed is for the Scottish Government to change local authority boundaries as follows: 1. Argyll and Bute Council area should include Isle of Arran 2. Oban, Lorn and the Isles area should be taken away from Argyll and Bute Council area and become a new Council to be called Glencoe Council. 3. The Lochaber area of Highland Council should also be part of Glencoe Council. 4. The Strathfillan area of Stirling Council should also become part of the new Glencoe Council. 5. There would be new NHS area based at Fort William. There would then be no need for any integration scheme between Argyll and Bute Council and NHS Highland. The rest of Argyll and Bute would become part of NHS Greater Glasgow and Clyde.										Unknown	**No action required - comments outwith scope of review**