

Review of the Argyll and Bute Integration Scheme

Summary of Revisions

Provision paragraph	Previous	Revision	Justification
Throughout document	Social Work	Social Care	Terminology changed since original Scheme drafted
Throughout document	Criminal Justice	Community Justice	Terminology changed since original Scheme drafted
Throughout document	Chief Medical Officer	Medical Director	Terminology changed since original Scheme drafted
1.9 (p6)	“Locality Planning Groups” means local management groups who are accountable for local services and have a level of devolved financial and operational responsibility to make decisions on the use of resources and service delivery for their communities.	“Locality Planning Groups” mean local planning groups comprising representatives of local partners and stakeholders who are accountable to the Strategic Planning Group for the planning and partnership delivery of agreed local health and care service priorities. Their specific purpose is to develop a locality plan, influence priorities for their local area, agree mechanisms for the delivery of actions at a local level and review and report on the locality plan annually.	LPGs been restructured and have no devolved financial responsibility. New wording more adequately describes role.
4.4.5 (p12)	The work on the core indicators, including HEAT Targets, National Health and Wellbeing Outcomes and locally agreed indicators and establishment of a Performance Management Framework will be completed by the 31st March 2016	Removed	Refers to a past action – no longer relevant

8.1.7 (p20)	The Council Section 95 Officer and NHS Highland Accountable Officer	The two Chief Executive Officers	More appropriate to be CEOs
8.2.2 (p21)	Argyll and Bute Integration Joint Board cannot approve a budget which would result in the reserves moving into a deficit.	Argyll and Bute Integration Joint Board cannot approve a budget which exceeds resources available.	Simplification of terms
8.2.5 (p22)	The budgets will 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 Argyll and Bute Integration Joint Board and will 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 Argyll and Bute Integration Joint Board. These budgets will be reviewed against actual levels of expenditure for the previous 3 financial years.	The budgets will 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 Argyll and Bute Integration Joint Board and will 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 Argyll and Bute Integration Joint Board. These budgets will be reviewed against actual levels of expenditure for the previous 3 financial years. For NHS funding, the starting point will normally be the Argyll & Bute NRAC share of baseline funding.	NHS technical requirement
8.2.19 (p25)	A recovery plan should aim to bring the forecast expenditure of Argyll and Bute Integration Joint 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	A recovery plan should aim to bring the forecast expenditure of Argyll and Bute Integration Joint Board back in line with the budget within the current financial year. Where an in year recovery cannot be achieved and a recovery plan extends beyond the current year the amount of any shortfall or deficit carried forward cannot exceed the reserves held by Argyll and Bute Integration Joint Board unless	Reworded to provide a simpler explanation of the process to be followed.

	<p>exceed the resources made available. Where a recovery plan extends beyond the current year the amount of any shortfall or deficit carried forward cannot exceed the reserves held by Argyll and Bute Integration Joint Board. Any recovery plan extending beyond in year will require prior approval of the Council and NHS Highland in addition to Argyll and Bute Integration Joint Board.</p>	<p>there is prior approval of the Council and NHS Highland.</p>	
<p>8.2.20 (p25)</p>	<p>Where recovery plans are unsuccessful and an overspend occurs at the financial year end, and there are insufficient reserves to meet the overspend, then the Parties will be required to make additional payments to Argyll and Bute Integrated Joint Board. Where there is a requirement for additional payments an analysis of the requirement for additional payments will be carried out to determine the extent to which they relate to either budgets delegated back to or activities managed by the Council or NHS Highland with the allocation of the additional payments being based on the outcome of this analysis. Any additional payments by the Council and NHS Highland will then be</p>	<p>Where recovery plans are unsuccessful and an overspend occurs at the financial year end, and there are insufficient reserves to meet the overspend, the Parties will consider making interim funds available. An analysis will be undertaken to determine the extent to which the overspends relate to either budgets delegated back to or activities managed by the Council or NHS Highland with the allocation of the interim funds being based on the outcome of this analysis. Any interim funds provided by the Council or NHS Highland will be repaid in future years based on a revised recovery plan agreed by both parent bodies, as required by either of the Parties. The NHS and Council will require to be satisfied that the recovery plan provides reasonable assurance that financial balance will be achieved. If the revised recovery plan cannot be agreed by the Parties or is not approved by the Integration Joint</p>	<p>Amended provisions will assist in providing greater oversight, awareness of potential deficits and use of dispute resolution mechanism when required.</p>

	deducted from future years funding/payments.	Board, the dispute resolution mechanism in clause 14 hereof, will be followed.	
8.2.21 (p26)	8.2.21 Argyll and Bute Integration Joint Board may retain any underspend to build up its own reserves and the Chief Financial Officer will develop a reserves policy for Argyll and Bute Integration Joint Board.	8.2.21 Argyll and Bute Integration Joint Board may, subject to there being no outstanding payments due to the partner bodies, retain any underspend to build up its own reserves and the Chief Financial Officer will maintain a reserves policy for Argyll and Bute Integration Joint Board.	Clarification of circumstances when IJB can hold reserves.
8.7.7 (p30)	Legacy projects will be managed by the relevant partner – either the Council or NHS Highland with reporting of progress as set out above.	Remove	No longer necessary.
9.3 / 9.4 (p33)	9.3 The Parties will support Argyll and Bute Integration Joint Board to develop a Participation and Engagement strategy by providing appropriate resources and support. The existing Communication and Engagement Plan will inform the development of the Participation and Engagement Strategy ensuring significant engagement with, and participation by, members of the public, representative groups and other organisations in relation to decisions about the carrying out of integration functions. This strategy shall be developed alongside the Strategic Plan and will be approved	The Communication and Engagement Strategy, along with the supporting Engagement Framework and Quality standards provides a platform for stakeholders to have their voices heard, their views considered and acknowledged, as well as strengthening relationships and building capacity. The Argyll and Bute Integration Joint Board has adopted the “You Said, We Did” philosophy. A wide range of engagement methods have been adopted.	Previous wording was relevant at the time of first Scheme being formulated. Been updated to reflect the current position.

	<p>by Argyll and Bute Integration Joint Board prior to consultation on the Strategic Plan.</p> <p>9.4 Key principles of the Communications and Engagement Plan demonstrate the value of feedback and the way it influences improvement - “You Said, We Did” philosophy. A range of methodologies will be employed to capture this including social media and web based technology e.g. Patient Opinion.</p>		
10.1 (p33)	<p>The Parties agree to be bound by the Data Sharing Protocol and to continuance of the existing agreement to use the Scottish Accord on the Sharing of Personal Information (SASPI), in respect of information sharing.</p>	<p>The Parties agree to be bound by the Information Sharing Protocol and to continuance of the existing agreement to use the Scottish Information Sharing Toolkit and guidance from the Information Commissioners Office, in respect of information sharing.</p>	<p>Updated to reflect changes in terminology and requirements.</p>
10.4 (p34)	<p>The Parties have established a group to agree the Information Sharing Protocol and procedures before 1st April 2016. Agreements and procedures will be reviewed annually by the group, or more frequently if required. The NHS Highland Information Assurance Group and Argyll and Bute Council Information Security Forum, acting on behalf of the Parties will meet</p>	<p>The Data Protection Officers of NHS Highland and Argyll and Bute Council, acting on behalf of the Parties, will meet annually, or more frequently, if required to review the Information Sharing Protocol and will provide a report detailing recommendations for amendments, for the consideration of Argyll and Bute Integration Joint Board.</p>	<p>Wording simplified and updated to reflect data protection legislative changes.</p>

	<p>annually to review the Protocol and will provide a report detailing recommendations for amendments, for the consideration of Argyll and Bute Integration Joint Board. In the event of amendment being required outside of that timescale the NHS Highland Information Assurance Group and Argyll and Bute Council Information Security Forum acting on behalf of the Parties will meet, agree the recommended amendment(s) and provide this information to the Chief Officer, who will then appropriately inform Argyll and Bute Integration Joint Board.</p>		
10.5 (p34)	<p>With regard to individually identifiable material, data will be held in both electronic and paper formats and only be accessed by authorised staff, in order to provide the patient or service user with the appropriate service. In order to provide fully integrated services it may be necessary to share information within the delegated functions and with external agencies. Where this is the case Argyll and Bute Integration Joint Board will seek the consent of the service user for the sharing of data, unless a statutory requirement exists. In order to comply with the Data</p>	<p>With regard to individually identifiable material, data will be held in both electronic and paper formats and only be accessed by authorised staff, in order to provide the patient or service user with the appropriate service.</p>	<p>Wording simplified and updated to reflect data protection legislative changes</p>

	Protection Act 1998, Argyll and Bute Integration Joint Board will always ensure that personal data it processes will be handled fairly, lawfully and within justification.		
10.6 (p35)	In order to comply with the Data Protection Act 1998 Argyll and Bute Integration Joint Board will ensure that any personal data that it holds will be processed in line with the Data Protection Principles contained within Schedule 1 of the Act.	In order to provide fully integrated services it will be necessary to share personal information between the parties and with external agencies. Where this is the case Argyll and Bute Integration Joint Board will apply a legal basis contained in Article 6 of the General Data Protection Regulations ('the GDPR'), generally, this will be either public task or legal obligation but where appropriate any of the other legal basis contained in Article 6 will be used.	Wording simplified and updated to reflect data protection legislative changes
10.7 (p35)		Where the sharing consists of 'special category' information the legal basis for sharing will be consistent with the requirements of Article 9 of the GDPR and schedule 1 of the Data Protection Act 2018 ('the DPA').	New wording to reflect updated data protection legislation
10.8 (p35)		In order to comply with the requirements of the DPA and the GDPR, Argyll and Bute Integration Joint Board will always ensure that personal data it holds will be processed in line with the Data Protection Principles contained within Article 5 of the GDPR and section 35- 40 of the DPA.	New wording to reflect updated data protection legislation
Annex 1 (p42)		Children and Young People (Scotland) Act 2014	Updated to include reference to relevant legislation

		<p>All functions of Health Boards conferred by, or by virtue of, Part 4 (provision of named persons) and Part 5 (child's plan) of the Children and Young People (Scotland) Act 2014.</p> <p>Carers (Scotland) Act 2016</p> <p>Section 12 (duty to prepare young carer statement)"</p> <p>Section 31 (duty to prepare local carer strategy)</p>	
<p>Annex 2 (p51/52/58)</p>		<p>Carers (Scotland) Act 2016</p> <p>Section 6 (Duty to prepare of adult carer support plan)</p> <p>Section 21 (duty to set local eligibility criteria)</p> <p>Section 24 (Duty to provide support)</p> <p>Section 25 (Provision of support to carers: breaks from caring)</p> <p>Section 31 (Duty to prepare local carer strategy)</p>	<p>Updated to include provisions of Carers (Scotland) Act 2016</p>

		<p>Section 34 (Information and advice service for carers)</p> <p>Section 35 (Short breaks services statements)</p> <p>Section12 (Duty to prepare a Young Carer Statement)</p>	
p60	Audit Committee	Audit and Risk Committee	Name changed since original Scheme produced