

'Integration of Health and Social Care' paper –

Comments from representatives of the Older People's Consultation and Monitoring Group, the Signposters Project and the Senior Citizen's Forum

The Integrated Operational Management Group (the key joint operational group for older people's health and social care services in Aberdeen) requested that a older people in Aberdeen were given the chance to respond to this key consultation document. A meeting was arranged for representatives of the above three groups to come together, explore the issues and give their views. These are three key groups/organisations that represent older people in Aberdeen City.

Due to the complexity of the document, the volume of questions and the limited time for consideration, certain key questions were prioritised for commenting upon. This accounts for there being a number of questions unanswered.

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No.	Question	Response
1	Is the proposal to focus initially, after legislation is enacted, on improving outcomes for older people, and then to extend our focus to improving integration of all areas of adult health and social care, practical and helpful?	People agreed with this question. They are keen that older people get the initial benefit of any improvements of service as a result of more integrated working. They also thought it made sense to target this hoped improvement in health and social care at the largest client group.
2	Is our proposed framework for integration comprehensive? Is there anything missing that you would want to see added to it, or anything you would suggest should be removed?	People broadly felt that the framework sounds good, particularly the fact that it is based upon the idea of a joint budget.
3	This proposal will establish in law a requirement for statutory partners – Health Boards and Local Authorities – to deliver, and to be held jointly and	People felt that this should help to get rid of any blame culture/passing of responsibility. However, this will require very strong leadership to ensure that culture changes and the

	equally accountable for, nationally agreed outcomes for adult health and social care. This is a significant departure from the current, separate performance management mechanisms that apply to Health Boards and Local Authorities. Does this approach provide a sufficiently strong mechanism to achieve the extent of change that is required?	integration happens effectively.
5	Will joint accountability to Ministers and Local Authority Leaders provide the right balance of local democratic accountability and accountability to central government, for health and social care services?	On balance, people thought yes.
6	Should there be scope to establish a Health and Social Care Partnership that covers more than one Local Authority?	People strongly felt that this needs to be considered for the future – especially between Aberdeen City and Aberdeenshire. For example, how will NHS Grampian handle the complexity of splitting their budget across the City and the Shire when there are people from the Shire who access GP services in the City?
8	Are the performance management arrangements described above sufficiently robust to provide public confidence that effective action will be taken if local services are failing to deliver appropriately?	People thought that this was difficult to predict – the proof of the pudding is in the eating. They were hopeful, however, that the arrangements are robust enough. There is still a worry that if these performance management/scrutiny arrangements are not carefully chosen and managed, they could become a means by which various organisations try reinforce their separate rather than their joint positions.
10	Do you think the models described above can successfully deliver our objective to use money to best effect for the patient or service user, whether they need “health” or “social care” support?	Theoretically yes. People felt that there needed to be the potential to increase the joint budget/pot of integrated services as necessary to meet the needs of the ageing population.
13	Do you think that the proposals described here for the financial authority of the Jointly Accountable Officer will	People thought ‘yes’ but in time. It will take time to establish their authority and, consequently, for the model and culture to change.

	be sufficient to enable the shift in investment that is required to achieve the shift in the balance of care?	People felt strongly that the model of forming a body corporate give more opportunity for joint services and budgets to work. It is safer for all partners to commit to and is more equal.
14	Have we described an appropriate level of seniority for the Jointly Accountable Officer?	Broadly people agreed. They feel strongly that the Jointly Accountable Officer will have to have a high level of authority so that they are able to act 'freely' and 'independently' in implementing service change.
18	Should locality planning be organised around clusters of GP practices? If not, how do you think this could be better organised?	People felt that clusters seem to be currently embedding and working so should be built on.
20	Should localities be organised around a given size of local population – e.g. of between 15,000 – 25,000 or some other range? If so, what size would you suggest?	People felt that localities should follow on from current clusters. Localities should fall out of this current set-up.