

Annex G Consultation Questionnaire

The case for change

Question 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?

Yes No

Would be good to focus on Elderly, as it is an area that is under resourced. If success with this care group with high care needs then likely to work in other groups. You are likely to learn more about what works if different models are tried out in different areas and age groups.

Need to pilot with one service first to see if it is going to work, then roll out to a wider group. It can de-value and de-motivate staff if the group is too big.

Outline of proposed reforms

Question 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?

Yes No

Proposals sound fine in principle but more detail needed as to what is going to happen.

National outcomes for adult health and social care

Question 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 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?

Yes No

Generally a good idea, if delivered well. There is a risk that there will be a lack of clarity around where the responsibility lies. If so there may be a lack

of clear accountability and ownership of some issues.

Question 4: Do you agree that nationally agreed outcomes for adult health and social care should be included within all local Single Outcome Agreements?

Yes No

Agreed there is a need for national targets delivered locally, but the word “all” was a dangerous word to use. For example local targets and priorities may conflict with national targets.

Governance and joint accountability

Question 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?

Yes No

There is a lack of clarity around the term “joint accountability” and what this would mean in practice. There were concerns that some valued services might lose their funding and how budgets would be matched to needs.

Question 6: Should there be scope to establish a Health and Social Care Partnership that covers more than one Local Authority?

Yes No

Health and Social Care areas should match wherever possible. There are some areas where it makes more sense to have a H&SCP that covers more than one LA area. The default position should not be LA boundaries.

Question 7: Are the proposed Committee arrangements appropriate to ensure governance of the Health and Social Care Partnership?

Yes No

In principle, it is okay, but in practice there is no way of judging it. Who would take responsibility for service development or deficits in finance, for example? It was felt that this question segued into question 8.

Question 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?

Yes No

It was felt that basically speaking, yes but why hadn't it worked up until now as there are already joint planning arrangements?

They are only as robust as the governance structures. Simplistic approaches will have to be made more explicit when concrete outcomes are the goal.

Question 9: Should Health Boards and Local Authorities be free to choose whether to include the budgets for other CHP functions – apart from adult health and social care – within the scope of the Health and Social Care Partnership?

Yes No

No ideological objection but management case must be made based around the needs of the person.

There is a lack of empirical evidence and it needs to be piloted.

Integrated budgets and resourcing

Question 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?

Yes No

There are anecdotal and regional examples of good and bad practice. It can work with appropriate structures, motivation and resolve.

Question 11: Do you have experience of the ease or difficulty of making flexible use of resources across the health and social care system that you would like to share?

Yes No

Experience is mixed, but generally negative regarding flexible use of resources. Are the patients, carers and families views being considered?

Question 12: If Ministers provide direction on the minimum categories of spend that must be included in the integrated budget, will that provide sufficient impetus and sufficient local discretion to achieve the objectives we have set out?

Yes No

Difficult to answer without knowing what categories are going into the pot. There has to be local knowledge and agreement and local discretion is important rather than one size fits all. It has to be flexible to reflect each area's needs.

Jointly Accountable Officer

Question 13: Do you think that the proposals described here for the financial authority of the Jointly Accountable Officer will be sufficient to enable the shift in investment that is required to achieve the shift in the balance of care?

Yes No

The proposal is better than the current situation, although the Joint Accountable Officers need considerable support and clear governance structures.

Question 14: Have we described an appropriate level of seniority for the Jointly Accountable Officer?

Yes No

Yes, but how will this work with three Local Authorities, one Health Board and Scottish Ministers?

Professionally led locality planning and commissioning of services

Question 15: Should the Scottish Government direct how locality planning is taken forward or leave this to local determination?

Yes No

The Scottish Government should provide some direction, but local providers are important. Need to ensure that pressure groups, for example, don't hijack and have undue influence.

Question 16: It is proposed that a duty should be placed upon Health and Social Care Partnerships to consult local professionals, including GPs, on how best to put in place local arrangements for planning service provision, and then implement, review and maintain such arrangements. Is this duty strong enough?

Yes No

Broadly, it was felt Yes, but GPs have to be involved from the start in any review services. The current professional advisory structure in Health Boards needs to be replicated in H&SCPs and be expanded to include social care professionals.

If GPs have an issue on the ground, it was felt that it became diluted by the time it got to the Health Board level.

Question 17: What practical steps/changes would help to enable clinicians and social care professionals to get involved with and drive planning at local level?

In addition to the management structure there needs to be a clear role for professionals. A collaborative approach would be important. For example using local professional groups to look at issues.

Question 18: Should locality planning be organised around clusters of GP practices? If not, how do you think this could be better organised?

Yes No

More strength in central planning but with local consultation. The organisation should have powers of development.

A mixture of both was felt best.

Question 19: How much responsibility and decision making should be devolved from Health and Social Care Partnerships to locality planning groups?

There is no fixed answer as there is so much involved. There are strengths

and weaknesses in locality planning groups, for example risk of a post code lottery, but there are strengths in the individuals on the ground being knowledgeable in local issues.
Some service delivery issues would benefit from local decision making.

Question 20: Should localities be organised around a given size of local population – e.g., of between 15,000 – 25,000 people, or some other range? If so, what size would you suggest?

Yes No

The need for flexibility to fall within natural boundaries and geographical homogeneity was thought to be best. There may be small island communities of 5000 and larger urban areas of over 100 000.

Do you have any further comments regarding the consultation proposals?

Comments

Do you have any comments regarding the partial EQIA? (see Annex D)

Comments

Do you have any comments regarding the partial BRIA? (see Annex E)

Comments