Have your say

Question 1

The Scottish Government would like to make health and social care services better. We would do this first for older people and then improve services for all adults. Do you think this is a good thing and can you tell us why?

We appreciate and support the in principal rationale for roll out of integration of Health & Social Care to older people, given pressures and demographics. We welcome the intention to extend to all adults seeking to ultimately free up and deliver budgets to vulnerable people of Scotland. However we believe this resulting legislation requires real clarity on plans, ensuring all areas of Health & Social Care are fully joined up to take account of diverse learning, partnerships, cultures, workforce with anticipated timelines for implementation.

Question 2

Have we thought about all the things we need to put the money together for adult health and social care services? Do you have anything you would like to add or change?

We believe this is much more than just about the money and sector budgets, although we recognise the ownership politics and power base connected with these.

We would require that the mechanics for how transformational change can be achieved would need much more clarity, incorporating some of the core, significant strategic and policy agendas driving changes within Health and Social Care such as the inclusion of Self Directed Support (especially given this impacts mainly for younger people), reducing delayed discharge and integration and connectedness to the community. This reinforces the fundamental core elements of a Joint Commissioning Strategy.

Question 3

Councils and Health Boards will need to work together to make things better. We call this outcomes. This is different to how they work. Do you think what we want to do is a good way to make the change?

The Third Sector has always worked to achieve outcomes for people and communities. This should be reflected once again in any Joint Commissioning Strategy, linked into contractual management arrangements and agreed common methods for measuring attainment and satisfaction. Again the methods and models for assisting individuals and communities to identify their outcomes have become complicated and diverse. There is a requirement to have an agreed robust working model for outcomes that can unite all partners.

Question 4

Should Health Boards and Councils both agree on how they will make things better for adult health and social care?

> We agree with this and refer back to the 1990 Community Care Act where joint planning is referred to.

Question 5

If health and social care services have to report to Ministers and Council leaders, is there the right balance of local and national responsibility?

> In the Christie Commission into public service reform there was recommendation that public services should be less 'top down' and instead carry out with and for people and communities. We agree that this could meet the need for local democratic accountability, it is important to reinforce the role of current participation mechanisms such as Community Planning Partnership and using pooled knowledge, practice, leadership and learning in communities, as part of the integration process. We believe this would also include the role of the Third sector along with community representatives, patient and service users groups and public partnership forums.

Question 6

Should it be possible to create a new Partnership that covers more than one Council area? For example, a Lothian Regional Partnership?

> We recognise and work with daily differences and practices across 32 authorities. The chance to consider more manageable sized areas that offered economies of scale, pooling resources, practice and expertise.
>
> However there is recognition that difficulties exist where there are different 'interpretations' between local authorities that might be minimised with Regional partnerships (if these were ever to be a viable reality).
>
> Need for transparency is key in any case.
>
> Attention would need to be given to ensure that CHCP's did not recreate current silo bureaucracy as this would conflict with the intentions.

Question 7

Do you agree that it should be senior officials from Health Boards, Councils, elected Council members, professionals (such as doctors) and people from the voluntary sector that form the committee for the local Partnerships?

We would stress need to commit to deliver using co-production methods to achieve real, achievable, owned stake in process and outcomes. This would require commitment to include wide mix of stakeholders, including citizens, families, carers as well as professionals from different disciplines and sectors. This would also require resources to build confidence and capacity to involve ensure continued meaningful engagement with good communication, in particular to enable citizen 'articulation' and influence on committee as well as engagement.

Question 8

Do you think the new plan will mean changes can take place quickly if local services are not working properly? What could we do to help?

We believe any changes should be enduring and positive not just 'quick'! We believe there is a need to set out clear outcomes whilst applying and using the powers within contracts and commissioning to ensure active leadership and outcomes.

We are concerned that there is no mention of any strategic agendas and the inclusion of quality measurement. These require imbedding as a core foundation with links made by Government between this question of response and the responsibility of the Senior Officer for holding delivery of outcomes to account.

Question 9

Do you think the new Partnerships should be able to include other areas of health and social care, if they want to?

The success of any new partnership needs to promote the spirit and ethics of co-production to ensure ownership and engagement centrally and locally. This requires recognition that partners' roles and specialities will encompass a wider world than just health, medical and social care. Therefore a requirement to emphasise the inclusion of additional areas such as; children, prevention, long term conditions, self management, adult protection, child protection, enabling risk and supporting communities.

Question 10

If the money is put together, do you think our proposals will allow money to be spent better for the patient or service user?

If the money is pooled the aspiration is to provide the motivation and drive joint objectives that focus on outcomes. These should help to establish whether money is spent effectively and differently. This will require effective local, public accountability to underpin the decision-making processes. The pooling of resource should also chart the journey of resource – helping to evaluate the effectiveness of transfer of resource between Health &Social Care, this will be key for individuals in transition also.

Question 11

Do you have experience of how easy or difficult it is to access services across both health and social care systems? If you have, would you like to tell us?

We hold significant experience of blocks within the current system. Any discharge from hospital is a good example of this.

Question 12

Should Ministers say in law the parts of the separate health and social care budgets that should be in the joined up budget? Would this allow the outcomes to be met locally?

As per Q10- If the money is pooled the aspiration is to provide the motivation and drive joint objectives that focus on outcomes. These should help to establish whether money is spent effectively and differently. This will require effective local, public accountability to underpin the decision-making processes.

Question 13

Do you think we have given the senior officer the right amount of say in how the money is spent? Do you think it will be difficult for one person to be in control of all this money?

Our considerations and concerns relate to where would loyalties lie for such a post holder? Health or Social Care? What assurances are there for neutrality, especially with the emphasis is on investing this authority in one person.

The key to the success of the post will be the leadership style of the post and the transparency of systems of accountability to all partners (Health Board and Local Authority and wider workforce and communities within partnership areas)

Question 14

Have the proposals given the senior officer enough authority and responsibility to take control of this money?

We believe there is a need for flexibility of the post holder/role to respond to need and change in a timely way, with appropriate accountability. Practicing a responsive rather than reactive role.

Question 15

Should the Scottish Government tell Partnerships how to plan for local services, or should this be left to local areas to decide?

No, this should be done by strengthening and building capacity of Community Planning Partnerships along with local communities.

Question 16

We think that local professionals, including General Practitioners, should be asked to help plan local services. Is this a strong suggestion, or should it be stronger?

Yes they should be involved, but we do not agree that they take the lead as this again conflicts with the principles and spirit of co-production.

Question 17

What practical help should we offer to help health and social care staff get involved with planning services?

This will require a need for incentivisation of workforce though not sure as to how this might look. Also we believe there needs authority and scope to allow creativity around budgets and planning.

Question 18

Should we use groups of doctor's surgeries to organise the local planning of services? If not, how could this be done better?

This could be done with a focus on whole life living not just a focus on medical models.
This could include additional areas such as; children, prevention, long term conditions, self management, adult protection, child protection, enabling risk and supporting communities.

We highlight the conflict of interest here (as per Q16)

Question 19

Should the partnerships talk to people in their communities? How might this be done?

This is essential to the spirit of co-production which requires a two way engagement of cross communication between all partners and interested parties. This would assist responses to citizen cynicism to increase participation, responses and transparency.

The need to enable resource for helping people to talk to their partnership – communication pathways outside of 'complaints' procedures to promote influence. E.g. Use of social media/IT

Question 20

Do you think we should say how many people need to be involved in the planning of local service? For example, a percentage of the local population?

All partners need to be involved. However the success of this integration and transformation requires a huge cultural shift based on workforce shared language, terminologies along with the integration of systems and services as opportunities to build understanding and trust between the various sectors. We believe the Third Sector will be integral partner to link to local communities and excluded groups. Again this builds the incentive of joining up workforces and co-production models.