
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

Comments It is correct to focus initially on the needs of older people. This is the demographic time-bomb as the “boomer” generation ages. As the death rate falls, secondary care units, which are very costly to run, are increasingly filling up with elderly people who cannot be discharged as there is no appropriate place for them to go.

As the systems to care for this group improve, the benefits can be easily rolled out to other groups, such as the long-term disabled but to include all groups at first will lead to administrative paralysis. The crisis in elderly care is on us now – there must be no delay.

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

Comments The aims are laudable. It is a pity that there is no mention of “End of Life Care” – something that has suffered badly since the implementation of the new GP contract in 2007 which removed the responsibility for out-of hours care from the family doctor. Some progress has been made with the provision of “Anticipatory Care Plans” for the elderly but it is fragmented and slow. Systems are there but they need to be governed.

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

Comments The focus should be on real world outcomes for patients/clients. Joint and equal accountability may lead to lack of clarity and accountability, if necessary perhaps primary and secondary? Don't want to go service delivery by numbers need to have some way of checking that it is being done jointly.

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

Comments There should be Nationally agreed outcomes for adult health and social care but they need to be detailed and specific with real accountability for failure – i.e. job loss or demotion! How can you hold people accountable if they can't measure the outcome.

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

Comments The ability of the organisation to assess the quality of a service should

always be as near as possible to the point of delivery. In seeking to achieve this management and assessment systems should be clear and uncomplicated. Local/public representation should have voting rights.

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

Yes No

Comments Local authorities are already too large and diverse.

Needs to be local to population served and not remote, should be linked to local Moray electoral accountability and not Grampian wide.

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

Yes No

Comments Probably need more democratic input – community councils, PPFs etc to maintain real accountability, although there is danger of self appointed guardians pursuing personal agendas. Need to have an equal balance of local/public representation having voting rights.

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

Comments Same fear as Q 5. Needs to be appropriate and specific measures without getting into too much bureaucracy.

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

Comments If it makes sense and is in the best interests of public service delivery

and cost.

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

Comments The NHS Highland model was discussed at our workshop and seems to work well. Whether “delegation” of budgets is robust enough is another question. It seems to produce the results without adding another tier of administration which is important. It is essential that the Health Service sees real benefit and savings due to early discharge of elderly patients to more appropriate care. If resource is removed from the hospitals with no clear trade-off, another crisis will be precipitated. There will need to be firm Ministerial direction of budgets if integration is to be achieved. There is huge inertia in the NHS and Local Authority management structures which will somehow have to be overcome.

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

Comments See answer to Q 10

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

Comments See answer to Q 10

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

Comments The drive and enthusiasm of this officer will be crucial to achieving success. They will need real clout and be a pretty exceptional individual.

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

Yes ? No

Comments See answer to question 13

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

Comments Must use pre agreed framework for consistency and comparability. Be flexible for local circumstances and include the acute sector for adult health.

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

Comments GPs alone will be ineffective but getting engagement from hospital doctors will be challenging! Need to retain GP involvement through pre-agreed

and shared patient care pathways as well as sharing of individuals' end of life wishes through IT systems or GP contact if necessary. Integration of patient transport is essential whether rural, semi rural or urban for those who have access to service difficulties. There is a real opportunity to make a difference to health and social care provision in Scotland with this legislation. The present government, using its rare majority, can afford to be radical and re-invent a Scottish model fit for the 21st century but it will need to be bold or nothing will happen! Should be masters of our own destiny.

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?

Comments See answer to Q 16

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

Comments Providing they are effective and engage with hospital clinicians.

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

Comments Locality planning groups should be properly consulted and preferences seriously considered if not adopted.

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

Comments Whatever locality population group makes sense recognising geography, transport, facilities etc this will depend on whether urban, rural or semi rural.

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