
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

Assuming the proposed beneficial outcomes are achieved then these changes should be extended (possibly with modification if required) to other areas of health and social care.

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

The framework is comprehensive (as far as it goes) however it is unclear where housing support (tenancy support and housing with care) fit within the framework. Both sheltered housing (with warden support) and housing with care have care provided though different budget streams. Fewer resources being directed towards institutional care necessitates higher volume of community services. It is also accepted that there are currently unnecessary admissions however the experience in mental health is that the reduction in inpatient beds has resulted in some patients having to be admitted well away from their home area (resulting in the patient not receiving care from staff they know / greater difficulties for families trying to visit) and that for patients a longer period of distress while waiting for admission.

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

Shared jointly agreed outcomes is crucial. The current different reporting requirements is counterproductive not just for statutory health and social care but also for other service providers who are required to submit different information to each body depending on funding.

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

Nationally agreed outcomes must be owned by health and social care jointly. The recent report on NHS Lothian provides evidence that if “meeting targets” become the sole aim then this is detrimental to all involved including patients.

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

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

Yes No

Given the very great differences in populations covered by local authorities and the need (already established) for some joint services this should be possible but will require further thought as to the make up of the health and social care partnership to ensure accountability to each local authority.

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

Yes No

Comments

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

The scrutiny provided by The Cabinet Secretary for Health, Wellbeing and Cities Strategy, the Local Authority Leader and the Health Board Chair could be seen to be “in house” and as such not sufficiently robust. Although there will be patient / service user representation on the Health and Social Care Partnership Committee there should also be external scrutiny at performance management level.

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

Given the proposed steam-lining of reporting and benefits outlined then this should be enabled.

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

The more equal of the two possibilities would appear to be delegation to the Health and Social Care Partnership.

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

The consultation paper does not recognise the difference for patient's / service users financially as to whether the service is provided by health or social care. Currently tasks undertaken by nursing assistants within the District Nursing Service are not charged for but if the same tasks are then undertaken by a service provider commissioned by social care they are means tested. Within mental health services, tasks undertaken by the Mental Health Team (health and social work) to help someone remain in the community are free but longer term tenancy support or help to socialise are means tested.

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

Ministers should provide direction on the appropriate (rather than minimum) categories of spend to enable the outcomes to be achieved.

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

Responsibility for the financial authority and accountability of the jointly accountable officer should be shared equally between health and the local authority.

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

Yes No

Comments

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 specify the outline for locality planning – what areas should be covered and the services that should be represented in the locality planning arrangements.

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

The “duty” to consult is a legal requirement and thus the Health and Social Care Partnerships can be required to evidence what consultations have been undertaken.

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?

Greater consultation (as undertaken by Scottish Government) – greater levels of communication re proposed changes

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

Locality planning should be centred around client / service user groups as there may be differing priorities.

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

Locality planning groups should be able to make recommendations to the Health and Social Care Partnerships but given that accountability for budget remains with the Health and Social Care Partnership any “movement” of budget should remain

with the Partnership. The Partnership could delegate certain decisions within an agreed budget to a locality planning groups.

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

See answer to question 18

Do you have any further comments regarding the consultation proposals?

There appears to be a lack of clarity as to whether these proposals apply to services for older people (as indicated in question 1) or to all adult health and social care (as indicated in paragraph 4.24).

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

The partial EQIA highlights the importance of sharing of data – currently this is an issue for combined health and social work mental health teams particularly in the area of computerised recording with health not having access to the Local authority recording system and vice versa. This is not helpful and is counterproductive leading to ‘double recording’. Service users view the combined team as providing their care.

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

See answer to question 11 re charging and previous answer re sharing of information. The current welfare reforms may increase the likelihood that service users refuse services for which there is a charge resulting in greater requirement of both health and social work. The issue of the provision of appropriate housing (including sheltered housing and housing with care) and housing support impacts on people’s ability to remain in the community.