

**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

Comments STARTING POINT HAS TO BE SOMEWHERE BUT STARTING WITH BIGGEST GROUP MAY BE MOST TIME-CONSUMING AND INCUR MORE PROBLEMS, DELAYING OUTCOMES

**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 THERE SEEMS TO BE NO STRATEGY FOR SUPPORTING / ASSISTING OLDER PEOPLE WHO CURRENTLY HAVE NO/LITTLE CONTACT WITH SOCIAL/HEALTH CARE

**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 THIS WILL ONLY WORK IF APPROPRIATE PERSONNEL IN POSITIONS AND OPPORTUNITIES TO MANIPULATE DATA ARE MINIMISED

**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 BUDGETARY ALLOCATION NEEDS TO BE DETERMINED BY POPULATION WITH NEEDS AND WILL REQUIRE REGULAR REVIEW ACCORDING TO DEMOGRAPHIC CHANGES

**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 DEPENDS ON LEVEL OF DETAIL BEING RECORDED

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

Yes  No

Comments DEPENDS ON POPULATION OF EACH AUTHORITY  
~~DA~~ ~~RHS~~ RISK OF ROBIN HOOD APPROACH

**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

Comments

**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

**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 TAKING MONEY FROM HEALTH TO DEVELOP SOCIAL CARE WILL BE DETRIMENTAL IN THE SHORT TERM. SOCIAL CARE NEEDS TO BE DEVELOPED WITH NEW MONIES BEFORE SHIFTING

**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 HAVE WORKED IN CHIP BEFORE WHERE DELAYS IN DISCHARGES WERE INEVITABLY DELAYED DUE TO FUNDING PROBS

**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 IN SOME CASES WILL WORK WELL. LESS SO IN OTHER AREAS. PILOT AREAS MAY BE REQUIRED TO TRIAL NEW SYSTEM

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 MAY BE BEST TO HAVE NEITHER HEALTH NOR SOCIAL BACKGROUND, BUT STRONG FINANCIAL BACKGROUND

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

Yes  No

Comments

WITH HEALTH & SOCIAL ADVICE

**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 LEAVING IT TO LOCAL DETERMINATION WILL CREATE HUGE POSTCODE DIFFERENCES.

**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 NEEDS MONITORED (? PEER PARTNERSHIP REVIEW) TO ENSURE NO INAPPROPRIATENESS

**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 ~~TASK~~ OBJECTIVES NEEDED TO BE SET FOR ALL CLINICIAN TO ACHIEVE AS PART OF THIS

**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 WITH THE CAVEAT THAT PATIENTS WHO HAVE ACCESS TO OTHER ROUTES IF THEIR LOCAL AUTHORITY CAN'T PROVIDE THEIR NEEDS

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

Comments AS MUCH AS POSSIBLE

**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 PROBABLY 10,000-20,000 BUT DEPENDS ON WHAT IT IS.  
EG DIABETES, ASTHMA ~~ETC~~ ETC  
SHOULD BE SMALLER GROUPS  
BUT LESS COMMON LONG TERM  
CONDITIONS SHOULD MAINLY  
BE MANAGED ACROSS MORE  
THAN ONE LOCALITY

**Do you have any further comments regarding the consultation proposals?**

Comments | I THINK IT WOULD HAVE BEEN HELPFUL TO INCLUDE A COMPARISON OF PRESENT

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

Comments NO

SERVICE MANAGE  
MENTS TO  
SHOW POTENTIAL  
BENEFITS OF  
CHANGES

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

Comments | I THINK THERE IS A HUGE OPPORTUNITY TO REDUCE EXPENDITURE BY TRAINING INDIVIDUALS TO UNDERTAKE MANY OF THE DUTIES UNDERTAKEN AT PRESENT BY SKILLED, QUALIFIED ASSE

STAFF, EG DRESSING PRACTICE PRACTICE,

SOME ASPECTS OF ROUTINE PHYSIOTHERAPY, FEEDING THE ELDERLY -

## Annex H How to respond

The Integration and Service Development Team welcomes responses to this consultation paper by **31 July 2012**. Please send your response with the completed Respondent Information Form to:

[adulthealthandsocialcareintegration@scotland.gsi.gov.uk](mailto:adulthealthandsocialcareintegration@scotland.gsi.gov.uk)

or

Integration and Service Development Division  
(Consultation)  
The Scottish Government  
2ER, St Andrew's House  
Edinburgh  
EH1 3DG

We would be grateful if you would **use the consultation questionnaire provided in the consultation document or clearly indicate in your response which questions or parts of the consultation paper you are responding to** as this will aid our analysis of the responses received.

This consultation, and all other Scottish Government consultation exercises, can be viewed online on the consultation web pages of the Scottish Government website at <http://www.scotland.gov.uk/consultations>.

The Scottish Government now has an email alert system for consultations SEconsult: <http://www.scotland.gov.uk/consultations/seconsult.aspx>. This system allows stakeholder individuals and organisations to register and receive a weekly email containing details of all new consultations (including web links). SEconsult complements, but in no way replaces, SG distribution lists, and is designed to allow stakeholders to keep up to date with all SG consultation activity, and therefore be alerted at the earliest opportunity to those of most interest. We would encourage you to register.

### Handling your response

We need to know how you wish your response to be handled and, in particular, whether you are happy for your response to be made public. Please complete and return the **Respondent Information Form** which forms part of the separate consultation questionnaire as this will ensure that we treat your response appropriately. If you ask for your response not to be published we will regard it as confidential and treat accordingly. All respondents should be aware that the Scottish Government is subject to the provisions of the Freedom of Information (Scotland) Act 2002 and would therefore have to consider any request made to it under the Act for information relating to responses made to this consultation exercise.

**Next steps in the process**

If you tell us we can make your response public, we will put it in the Scottish Government Library and on the Scottish Government consultation web pages. We will check all responses where agreement to publish has been given for any wording that might be harmful to others before putting them in the library or on the website. If you would like to see the responses please contact the Scottish Government Library on 0131 244 4565. Responses can be copied and sent to you, but a charge may be made for this service.

**What happens next?**

Following the closing date, all responses will be analysed and considered along with any other available evidence to help us reach a decision on the Legislation on the Integration of Adult Health and Social Care. We will issue a report on this consultation process in the Autumn of 2012, which will be published on the Scottish Government's website at:

<http://www.scotland.gov.uk/Publications/Recent>

**Comments and complaints**

If you have any comments about how this consultation exercise has been conducted, please send them to:

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Address: Integration and Service Development Division  
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2ER, St Andrew's House  
Edinburgh  
EH1 3DG  
Email: [gill.scott@scotland.gsi.gov.uk](mailto:gill.scott@scotland.gsi.gov.uk)



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