
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

The main challenge for integration is to deal with infrastructure issues. For this reason it doesn't make sense to deal with specific groups separately. Propose that Scottish Government look to address the barriers posed by current separate infrastructures within Health and Social Care firstly.

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

No, the proposed integration is not comprehensive, it is more a rearranging of the deckchairs on the Titanic. Integration should follow the entire patient journey from diagnosis to rehabilitation and sustained independence in the community. The framework also needs to breakdown the divide between acute and primary care services within health.

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

Accountability to deliver needs to be strengthened. To achieve this the Scottish Government needs to put in place a monitoring framework and a process for

reporting and inspection.

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

National outcomes are essential and in respect of sensory impairment, should be linked to the Scottish Vision Strategy and to the proposed Scottish Government Sensory Impairment Strategy.

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

The ability of the proposed mechanisms to deliver against national outcomes should not be left to local democratic accountability. Services need to be inspected and reported on.

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

Yes No

The partnerships are about synergy between existing local authorities and NHS Boards and shouldn't be extended.

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

Yes No

The proposed committee arrangements need to be strengthened in relation to 3rd sector representation and which needs to be meaningful. Such organisations are key players in the delivery of this strategy.

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 proposals need a much more robust system to monitor, report and inspect performance management.

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

The area of budgets should be subject to greater direction from the Scottish Government. For example within the current scope for joint health and social care planning, acute budgets are left out of consideration and yet in the area of serious sight loss and hearing loss, acute services are an initial and essential part of the patient journey.

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 proposed budget integration leaves out significant and important areas of the health budget and will therefore only lead to limited integration, for example – with sensory impairment.

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

We have worked over many years to achieve greater synergy between budgets and planning for eye care services. We have only just managed to achieve integration of budgets for low vision aids between acute and primary care services. The problem is that in planning services, most essential elements delivered by acute services are left out of consideration. This results in only lip service being paid to joint planning and delivery. This also results in a much poorer use of available resources.

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 direct for maximum categories and not minimum, otherwise very little will actually change.

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

Not sure it is robust enough to provide enough clout that can unblock the current log jams in the system.

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

Yes No

This is just on the borderline to provide the officer with sufficient powers to be able to deliver.

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

Blind and partially sighted people have the same needs irrespective of where they live. Scottish Government should direct how planning is taken forward to remove the post code lottery, using the Scottish Vision Strategy as a template.

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

Consultation needs to be meaningful and to do this the process needs to place the clearest guidance on the partnerships and to advise that processes will be monitored and inspected.

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?

Engagement in planning needs to be built in to job description and contracts, clinicians often don't have the time to engage and therefore involvement lands with those who don't necessarily understand the 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

Planning at a very local level, below that of the health and social care partnership should be avoided. It will be too cumbersome, too expensive and will not deliver improvements in patient/client services.

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

Responsibility and decision making should be retained within the partnership for the same reasons stated in answer to question 18.

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

For the same reasons, responsibility should not be devolved to smaller units based on local populations.

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