

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 *As long as the other areas do not get neglected in the process.*

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 *As long as the integration agenda continues to be driven positively, the framework appears to be a sensible way of bringing the two statutory org's together for the benefit of the people they serve.*

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 *As long as the accountability is truly & robustly implemented.*

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 *It incorporates a degree of consistency, without removing the need for local variation.*

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

Although, in practice, it will be interesting to see if this results in any political contention between central and local government

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

Yes No

Comments

For instance, there may be a strong case for a single H&SCP to cover the 3 Ayrshires.

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

Yes No

Comments

While it is positive that Ind. Sector is recognised elsewhere in the proposals, why is it not included in the Non-Voting Members (p 25)? All other stakeholders appear to be represented.

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 Not sure.

Comments

Difficult to judge this without seeing the proposed p.m. system in practise.

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

This will recognise local democracy and local priorities, organisational methods.

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

I like the 'loss of identity' of the source of funds, But, is there not a VAT issue to be resolved? i.e. one agency is 'VAT registered' and the other is not.

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

See 10 above - is there not a VAT ~~prob~~ problem?

Comments

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

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

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

Comments Although this should normally be 'light-touch'. This therefore would be a safeguard against the commissioning of services being hijacked by the agenda of one or a small group of individuals.

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 ... but the local clinicians must be engaged in order to effect the best possible outcomes from this process.

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 The OLG model should provide an appropriate solution but all social care professionals should be involved, at present there are many examples where the Independent Sector is not represented at these meetings.

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 Depends.

Comments This could be one way, but it will depend on the locality (e.g. differences between urban and rural settings).

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

Comments A fair, significant and greater degree should be devolved to locality groups, but protected by robust performance measurement targets.

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 Depends – see response to 18 above.

Comments

Do you have any further comments regarding the consultation proposals?

Comments Yes - See below.

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

P29, 5.11 'These proposals are not about saving money' - I understand why making this statement should be considered, but as a tax-payer and observer of how public money ~~has~~ been wasted in the past, is it not an important issue to be made that we are in a very difficult economic climate at present and that such changes, if implemented in an open positive way, should always be made in constant recognition of this fact. We are not in an ideal situation, and so some difficult decisions and compromises will be inevitable.