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 systems 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 [ ]

- 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 [ ]

- For instance, there may be a strong case for a single HSCP to cover the 3 Authorities.

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

Yes [ ] No [ ]

- While it is positive that Ind. Sector is recognised elsewhere in the proposals, why isn't it not included in the Non-Voter Members (p 26)?
- 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.

- Difficult to judge this without seeing the proposed P.M.

**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 ☐

Comments: 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 ☐

Comments: See Q10 above - is there not a VAT problem?

**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 few 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 ☑

... 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?

The CIC model should provide an appropriate solution.

Comments: 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?

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.