
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 approach is sound in that it will allow the integrated approach to be established and proven for one important area of healthcare before it is rolled out to other areas.

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

Have been promoting the integrated budget approach as the only way forward for a long time. The framework looks good with the Jointly Accountable Officer key for accountability. I believe it is essential to involve GP's in the commissioning of services. For the patient they are key to all NHS services.

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

Correct approach long overdue

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

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

Local accountability is best served by one Partnership for one area

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

Yes No

One reservation is public representation. At present in Fife there are two PPF members on each of three CHPs with voting rights on those committees. Your proposal is to replace the three CHPs with one integrated committee where the public representation is non-executive. The other is that I think GP representation is essential and that one of the NHS executives on the committee should be a GP.

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 public are not concerned with structures or methods only results. I think

the management arrangements look OK but you will be judged by the public on performance.

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

Yes – but get care for the elderly right first

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

It has the potential to deliver and is the right approach

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

Have listened to many cases from friends and family and as a PPF and CHP public representative over the years where the integration didn't work. This is a big step forward to solving the 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

It is a start and at this stage we need to get the system up and running for older peoples services to judge how effective the system is or can be. Initial signs look good.

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

I think the level is about right but will need good cooperation from the committee. I reserve judgement

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

Yes No

As for Q 13

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

Should be left to local determination based on achieving good outcomes for patients and being cost effective compared to other areas

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

Essential to get GP's involved.

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?

Co-located health and social services at as local a level as possible but with good communication links to other local areas.

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

Ideally these services would be co-located within or close to GP practices. The importance is that they are as local as possible and that GP's are involved in the planning processes

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

As much as possible but still ensuring best practice in all areas

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

The more local the service the better however the effective use of resources including adequate coverage for staff absence would dictate a sustainable size of local unit. I do not have a feel for a number.

Do you have any further comments regarding the consultation proposals?

I am pleased that this integrated approach to care has finally been put on the right footing to succeed. It will all depend on how the cooperation works but as a PPF and CHP member, but more importantly as a patient, I am confident it is the right approach.

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

no

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

no

