

## 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 Older adults is the most significant group in adult care, so it makes sense to start here.

### 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 is a potential problem which the proposals do not address: Those aspects of welfare given in law to Local Authorities to manage are given on a long established principle the local democracy best determines local solutions to local welfare problems. By creating legislation which pushes Local Government into closer partnership with the Scottish Government it has a potential to undermine this local democratic process: It is unarguable that there is a conflict of interest in that Local Government is the lesser-powerful player, getting much of its funding as it does centrally from the Scottish Government . Therefore, unless there is some mechanism by which the autonomy of Local Government may be preserved within the partnership (something difficult to legislate for given the nature of funding streams and the diffuse and unquantifiable influence that it may exert upon local government) the notion of partnership is unequal.

### 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

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required?

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Yes  No

Comments For reasons given above, while I agree with the need for closer working between health and local government, I do not think the law is the way to make change. It should be by policy intention and it should develop organically, in each area.

**Question 4:** Do you agree that nationally agreed outcomes for adult health and social care should be included within all local Single Outcome Agreements?

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Yes  No

Comments This illustrates the case outlined at 2 above: There is a strong case for health and local authority to work in closer partnership but nationally agreed single outcomes smacks of a national agenda which risks failing to address the complex divergence of need across the wide demography of Scotland from Urban Glasgow to remote Western Isles.

### **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?

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Yes  No

Comments As set out at 2 above.

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

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Yes  No

Comments However the changes are brought about, there are great problems for smaller authorities which might be resolved by sharing processes, provided their local democratic processes agree. There is a problem within the proposals caused by local government and health boundaries not being coterminous. One would have to guard against partnerships of several authorities out of bureaucratic convenience, since the proposals for joint committees below could become complex when a health board has to share 2 or more committees across several

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partner authorities.

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

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Yes  No

Comments They create an unworkable hybrid between the voting representatives of local government and those un-elected representatives of health boards who are ultimately answerable to the Scottish Government. This hybrid will only be resolved in addressing the local/central power imbalance highlighted at 2 above.

**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?

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Yes  No

Comments There is an ominous statement in 4.19, where failure to perform will result ultimately in performance support being put in place. While democratic accountability is obscured as it is in these proposals, it is difficult to say to which electorate the failing partnership will be accountable. This is compounded by the lack of clarity about who will put what performance support in place and with what authority.

**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?

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Yes  No

Comments No opinion

## 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 Yes and no- As described above, there is much I disagree with in the proposals, however, a broad proposal to get health and social care into closer working arrangements would undoubtedly improve value for money for patients and service users.

**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

**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 The lightest touch possible to achieve partnership working is the most appropriate way to achieve this goal..

### 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 No view

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

Yes  No

Comments No view

### 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 As per my general drift, this should be left to a local level.

**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 I am unsure what is being implied here: You can impose nothing stronger than a duty on the partnership to consult. If you are implying that there should be some sort of compulsion on the consulted bodies to respond, this will not work. Encouragement is the only thing which will reap a good response to consultation.

**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 If there is an implication in all of this that GPs are notoriously poor players in consultation, you will only reap a better harvest if they are enabled to respond or given incentives to respond.

**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 no view

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

Comments no view

**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 no view

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

Comments From the recent Highland changes I am greatly worried by the lack of consideration given to MHO services which may fall between the cracks in planning when partnerships involve sharing of services. While superficially, Highland appear to have made last minute provision to compensate for their oversight in relation to MHOs and the shift of staff into the NHS, this stop-gap has not addressed forward workforce planning. Any future national considerations must protect MHO services and not resolve the matter by going down the English route of AMHPs (broadening the population of the role outwith its exclusive social work pool).

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

Comments No

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

Comments No