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 □

A timetable needs to be in place to ensure the move to full integration does not slip. It is good that it is not a new set of outcomes and there is the opportunity to build on what we already know.

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 x□

The proposals are very reactive and a major concern is that the public health preventive agenda is lost. Services need to be proactive and flexible to provide early interventions where possible.

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 x□
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 □

We hope that there is a robust system to audit whether accountability responsibilities of all parties have been realised

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

Yes □ No □

Comments

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

Yes □ No □

Unsure

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 □
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 ☑

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 □

Good communication is essential to reduce staff anxiety re future employment and engage the local community.

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 □

The budget should be based on a robust health needs assessment
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 x □

Leave to local determination.

**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 x □

There should be on-going review as it is unlikely the structures will be right at first. Nurses need to have a voice as well as GPs.

**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?
Locality implementation teams meeting regularly would help engage the workforce.

**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**

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

Striking a balance between achieving nationally a greed outcomes and meeting local needs will be difficult. There will be a need to listen to the voices of patents and carers.

**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 ☐

A pragmatic approach is required as there will be geographically specific areas where there are unique needs – e.g. Orkney. 15-25,000 population groups seems reasonable otherwise.

**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**