

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

This is a sensible approach, with an aging population and limited resources older people need to be supported to live longer outside of clinical settings, in order that resources can be focused on those with the highest levels of need.

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

We welcome the commitment to strengthening the role of clinicians but would appreciate some further detail as to how this is envisaged and what it will mean in practice.

Matters relating to non-Financial governance need to be more specific, particularly the handling of information and clinical governance. For example, will existing regulations governing patient identifiable information be sufficient to allow adequate communication between health services and local authority services? There is clearly a need to maintain appropriate levels of patient confidentiality however, this should be balanced by the need for a sufficiency to plan care.

Transitions in care provision pose the biggest issues for the continuity of care and patient safety. It is important that care is taken to ensure that these proposals support improvements to transitions and do not hinder them.

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

There is merit in this approach however, its success or failure will be down to the way in which the detail is developed behind these outcome measures and the way process is implemented. It will be important that both groups are properly held to account and that the joint accountability does not lead to either body being adequately held to account.

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

In order to be effective, there needs to be a clear line from the National Outcomes to Local Outcomes and it needs to be clear at a local level which activities contribute to which of the National Outcomes.

The metrics used also need to reflect the contributions of both agencies in pursuit of continuity of patient care.

It is also essential that these outcome measures do not simply measure the data that is easily available and already routinely collected, but are instead based on a rigorous assessment of the data required to evidence the desired outcomes.

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

Comments

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

Yes No

It would however, be beneficial to state explicitly the process of accountability for clinical governance and quality of care in the new arrangements.

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

As with the National Outcomes, the success of the performance management process will be down to its successful implementation. Public confidence will be achieved if it can be demonstrated that effective and appropriate action has been taken against failing partnerships.

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

This is essential. Partnerships should have the opportunity to include other CHP functions in order to meet their local circumstances. Without this flexibility there will not be the required space for innovation and new ways of working that are essential to improving the outcomes to those being cared for. There may also be benefit in allowing other aspects of Trusts and Local Authorities, which contribute to the effective delivery of the National Outcomes, to be included.

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

This is another area where there is the potential to achieve the aim but it will depend on the effectiveness of its implementation. The main benefit of this approach will however, be to remove improve integration, streamline services and to address transition issues.

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

If the National and Local Outcomes are set effectively, the partnerships should have the freedom to manage their pooled budget to achieve these outcomes.

Where they fail to do this they should then be held to account. This is important as it allows the Partnerships to respond to the needs of their population, which varies across Scotland. For example, there are differences in the needs of urban communities to those of rural/island communities and differences in the level of locally supported services.

There is a danger here of attempting to micro manage the partnerships and the democratic accountability arrangements that have been proposed in your document.

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

This will be an important step but on its own it will not be sufficient. Commitment to the new process from the senior leadership and measures to ensure a shift in culture will be required if this is to be successful.

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

In order to allow the partnerships the flexibility they need to meet the National Outcome Targets and to respond to local needs the Scottish Government should provide guidance but not direct the locality planning process.

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

Consideration should also be given to ensuring that Patients and groups, such as voluntary sector organisations, representing them are consulted on issues affecting the local services they use.

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?

A key issue here will be the time available to these groups to attend these activities. There will need to be support from management for them being involved in these activities and for them to be given the time required to attend them.

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?

Comments

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

We do not believe that the localities should be population based. Such an approach does not effectively support rural and island communities. You have proposed an approach based on clusters of GP practices and this is the approach that should be pursued.

Do you have any further comments regarding the consultation proposals?

This consultation and legislation necessarily focuses on the integration of adult health and social services. Will there be a similar piece of legislation for Children and Young people at a later stage?

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

N/A

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

N/A