

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 This does not promote equality of [provision and focus is likely to re-direct current limited resources from other services or areas, thereby increasing difficulties with regard to other aspects of service delivery. Also focus will be target driven as opposed to needs led provision.

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 proposal is too vague i.e. needs to specify how the engagement of practitioners can be strengthened. As presented seems unrealistic. Also how do you ensure that social care element is not dominated by health professionals such as is within CHP/CHCP arrangements.

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 This should avoid colleagues in health 'blaming' 'LA's'

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 The SOA vehicle seems a logical way to deliver this.

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 However decisions likely to be influenced by individual holding this role's own experiences wither from a health or social care background. Clear conflict management needs to be developed should there be disagreement between parties in the organisations and the JAO.

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

Yes No

Comments Local issues and accountability are important danger is that these could be 'lost' in a larger entity and certain areas could 'dominate' provision or resources or dictate how delivery were to take place as is the case with GGCHB and the smaller areas that used to form the old ACHB (Argyll & Clyde HB)

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

Yes No

Comments On condition that business is fully transparent and open to public scrutiny and accountability and realistic timescales for open publishing of information is in place. I.E. Agendas, papers and minutes released a minimum of 7 days prior to meeting to public scrutiny / examination. Not as is currently with the Health Board / CHP of 24 hours prior (if indeed they do publish in advance)

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

Comments Too vague, open to manipulation, requires single monitoring body as opposed to 2 separate bodies with their own respective agendas.

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 On condition that any planned integration will deliver appropriate local benefits and has been a through and transparent process.

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 Highland model should NOT be used or seen as only model as it has significant difficulties. Not least issue of staff moral, TUPE issues and statutory responsibilities for LA's i.e. MHO's.

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 There should be freedom of choice to decide local priorities within agreed national outcomes framework.

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 Insufficient detail to make an informed judgement

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

Yes No

Comments The post if created needs to be openly advertised and recruited and not a 'shoo in' for existing Directors from CHP/CHCP. We should not be creating a post that costs significant salary costs that further adds costs in management structure. The post should be a fixed salary, no expensive car included and not involve performance related pay or bonuses.

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 Needs clear guidance and oversight of local arrangement to avoid the pitfalls seen in CHP / CHCPs.

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

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 Meaningful integration arrangement at all levels. Full transparent working arrangements and agreements. Sufficient time to be given to

consider priorities.

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 Local Authority ward areas provide a good model which would incorporate GP's and agencies including carer's and third sectors.

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

Comments This should be a local agreement.

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 Refer to Q18 depending on local circumstances.

Do you have any further comments regarding the consultation proposals?

Comments Whilst accepting that some 'target's and 'outcomes' will be sought and set by our national politicians in Holyrood. We need to move away from the fixation on so called 'Delayed Discharges' . There is an over emphasis on this area diverting large amounts of resource to this area to the detriment of other areas. Whilst I agree we do not want to have people in hospital longer than is necessary for a whole host of reasons it is not always possible to move an older person out of a hospital bed in 24 hours as many medical colleagues would seek. We are caught with a reduction in bed availability no 'intermediate care' beds in Acute hospitals where patients could be 'held' until care arrangements made (still quickly but getting it right first time and avoiding possible re-admission). We also need to remove elements of bonus payments and performance related pay from 'Bed Managers' and other health staff as this puts focus clearly on outcomes to detriment of individual needs.

Further we do not need wholesale 'structural' change in setting up these new partnerships we should be able to merge existing bodies into a new organisation without the needs for costly and unhelpful management restructuring and wholesale change, for change or re-branding sake. Also we must ensure the culture of 'silo mentality' between professions ends and this message needs to be clear from all sides of senior management and addressed robustly if such culture emerges.

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